

The McDONALDIZATION of NURSING EDUCATION in AUSTRALIA

A GROUNDED THEORY STUDY ON DESIGNING
UNDERGRADUATE NURSING CURRICULA IN THE
CONTEXT OF NATIONAL ACCREDITATION

Nicholas Ralph

RN, BN, MCLinPrac with Distinction

SUPERVISORS

Professor Wendy Cross

Professor Melanie Birks

Professor Ysanne Chapman

School of Nursing and Midwifery
Monash University

PhD

Submitted July 2013

The font used in the “M” of McDonaldization on the title page is a freely available, Creative Commons font named “McLawsuit” and accessed from www.dafont.com

Notice 1

Under the Copyright Act 1968, this thesis must be used only under the normal conditions of scholarly fair dealing. In particular no results or conclusions should be extracted from it, nor should it be copied or closely paraphrased in whole or in part without the written consent of the author. Proper written acknowledgement should be made for any assistance obtained from this thesis.

Notice 2

I certify that I have made all reasonable efforts to secure copyright permissions for third-party content included in this thesis and have not knowingly added copyright content to my work without the owner's permission.

Dedication



For us.

TABLE OF CONTENTS

Abstract	6
General Declaration	7
Acknowledgments	9
Prologue	11
CHAPTER 1 – THE BEGINNING	13
CHAPTER 2 – ESTABLISHING THE CONTEXT	24
<i>The accreditation of nursing education in Australia</i>	28
<i>Future proofing nursing education: An Australian perspective</i>	34
CHAPTER 3 – GROUNDED THEORY: A DYNAMIC METHODOLOGY	52
<i>The methodological dynamism of grounded theory</i>	56
<i>Is grounded theory a methodology?</i>	74
CHAPTER 4 – GROUNDED THEORY IN CONTEXT	87
<i>Doing grounded theory: Experiences from a study on designing undergraduate nursing curricula in Australia</i>	98
<i>Contextual Positioning: Using documents as extant data in grounded theory</i>	126
CHAPTER 5 – THE STORYLINE	128
<i>“Settling for less”: Designing undergraduate nursing curricula in the context of national accreditation</i>	132
CHAPTER 6 – NAVIGATING THE PROCESS	161
CHAPTER 7 – RISING TENSIONS	178
CHAPTER 8 – SETTLING FOR LESS	207
CHAPTER 9 – THE McDONALDIZATION OF NURSING EDUCATION IN AUSTRALIA	251

CHAPTER 10 – CONCLUSIONS AND CONSIDERATIONS	251
References	278
Epilogue	285
Appendices	288
Appendix 1 – Initial Ethical Approval	289
Appendix 2 – Monash Ethical Approval (Transfer)	291
Appendix 3 – Monash Ethical Amendment	293
Appendix 4 – Explanatory Statement	295
Appendix 5 – Participant Consent Form	298
Appendix 6 – Letter to ANMAC	300
Appendix 7 – Letter to Heads of Schools of Nursing	302

ABSTRACT

Under the auspices of the Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) was established in 2010 to set standards for and accredit programs of nursing education under the National Registration and Accreditation Scheme. The national accreditation process is central to promoting and protecting the health of the Australian community as it is the chief means of assessing whether a program of study and/or education provider affords a person who completes the program with the knowledge, skills and professional attributes necessary to register as a nurse in Australia. For such a significant undertaking, it is remarkable that the accreditation of nursing education and its impact on the design of undergraduate pre-registration nursing curricula is largely untouched in the literature.

This research investigates the process of curriculum design in undergraduate nursing curricula and the role national accreditation plays in informing it. Grounded theory provides a methodological framework for this study that employs a variety of data sources including interviews and written correspondence with curriculum and accreditation stakeholders, along with documents relating to the accreditation process. By arriving at an explanatory theory of how curriculum design is conducted in the context of national accreditation processes, this study enhances the validity of the accreditation process and promotes quality in undergraduate nursing education across Australia.

PART A: General Declaration

Monash University

Declaration for thesis based or partially based on conjointly published or unpublished work

General Declaration

In accordance with Monash University Doctorate Regulation 17.2 Doctor of Philosophy and Research Master's regulations the following declarations are made:

I hereby declare that this thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

This thesis includes 1 original paper published in peer reviewed journals, 1 paper in press, and 5 unpublished publications. The core theme of the thesis is undergraduate nursing curriculum design in the context of national accreditation. The ideas, development and writing up of all the papers in the thesis were the principal responsibility of myself, the candidate, working within the School of Nursing and Midwifery under the supervision of Professor Wendy Cross, Professor Melanie Birks and Professor Ysanne Chapman.

The inclusion of co-authors reflects the fact that the work came from active collaboration between researchers and acknowledges input into team-based research.

In the case of 2, 3, 4 and 5 my contribution to the work involved the following:

Thesis chapter	Publication title	Publication status	Nature and extent of candidate contribution
2	The accreditation of nursing education in Australia	Published	90% - Concept development, key ideas, development and writing up
2	Future proofing nursing education: An Australian perspective	Under review	70% - Concept development, key ideas, development and writing up
3	The methodological dynamism of grounded theory	Under review	80% - Concept development, key ideas, development and writing up
3	Is grounded theory a methodology?	Under review	80% - Concept development, key ideas, development and

			writing up
4	Doing Grounded Theory: Experiences from a study on designing undergraduate nursing curricula in Australia	In Press	90% - Concept development, key ideas, development and writing up.
4	Contextual positioning: Using documents as extant data in grounded theory research	In Press	80% - Concept development, key ideas, development and writing up
5	Settling for less: Designing undergraduate nursing curricula in the context of national accreditation	Under review	80% - Concept development, key ideas, development and writing up

[* For example, 'published' / 'in press' / 'accepted' / 'returned for revision']

I have renumbered sections of submitted or published papers in order to generate a consistent presentation within the thesis.

Signed:



Date: 01/07/2014

Acknowledgements

I wish to convey my deep and sincere gratitude to my doctoral supervisors; Professor Melanie Birks; Professor Ysanne Chapman; and Professor Wendy Cross for their valued support throughout the duration of my doctoral studies. I also wish to express my appreciation to my co-author Professor Karen Francis (CSU) for her scholarly input on *Future Proofing Nursing Education: An Australian Perspective*.

I wish to thank Professor Wendy Cross for her insightful contributions to the development of this thesis. Her expertise in accreditation, regulatory requirements and currency across nursing education is greatly appreciated and has meaningfully improved the work presented.

I also acknowledge the investment of Professor Ysanne Chapman throughout this thesis. Her ongoing support – personally, professionally and practically has made all the difference. I will always be thankful to Ysanne for her enduring support – even in times of difficulty – and her recognition of the need to “get it done *and* get it done right”. Ysanne suffered through “that place” so I could get to this place and I will always be grateful to her for that.

A special acknowledgment is reserved for Professor Melanie Birks. I have often said that excellent nurses are defined by their caring presence. Excellent supervisors are too. To this end, I am sincerely thankful for her care and presence throughout this process. It has been worthy, selfless, constant and cherished. Her investment in me and my doctoral studies is proof positive that we have both won our ongoing argument: namely, that PhDs do not change people, rather, it is the investment people make in others.

Finally, to all of the people who gave up their valuable time and energy to participate in this study. Your perspectives have shaped the way I view nursing education and steeled my resolve in working towards meaningfully addressing the challenges we face professionally.

PROLOGUE

If the purpose of a prologue is to set the scene then there are three specific moments that are integral to all that is to come in this thesis. The first occurred in my parent's backyard with a phone call. On the end of the line was the postgraduate coordinator of the Master's program I was about to finish. Her words were simple, straightforward and delightfully brutal: "you will forever be nothing more to me than an articulate whinger if you don't do a PhD". Her statement – in response to another incendiary assessment piece I had lobbed in her direction on the parlous state of nursing education – still resonates with me today. It was at that precise moment that I recognised I was a part of the problem I was describing. I needed to become a part of the solution to the issues I perceived. This PhD is a means to that end.

The second moment started with a phone call and ended with one. My wife and newborn son had spent four and ½ weeks in Northern Ireland visiting her family. Their absence felt like an eternity and as I joyously clocked off from a shift in the trauma theatre to meet their flight at the airport the phone rang: "Nick, I know you're third on-call and I know you've already done twenty odd call-ins this month but we have an AAA in ED and you're it". The shift coordinator – who was fully cognisant of my personal situation – later informed me that the first two staff on call were not contacted as they had experienced a tough week and needed to head out on the town to 'blow off steam'. I sat fuming in an empty theatre waiting for the patient to arrive (they never did) for a further four hours before I could leave. Fortuitously, I had received a call earlier in the week from Professor Ysanne Chapman regarding a lecturing position. The next day, I called Ysanne to accept the position and served my notice with immediate effect. My entre into academia exposed me to a scholarly

atmosphere I deeply appreciated and gave me new insights into the system of nursing education I had spent so much time considering.

The third moment is a credit to the supervisory capacity of Professor Melanie Birks. I arrived at her office as a newly minted lecturer armed with a list of potential PhD subjects that barely concealed the more extensive list of biases I held. Her patience with me over the ensuing months finally yielded a clear direction in which to head – designing undergraduate nursing curricula in the context of national accreditation. I hesitatingly began my first tentative steps in my doctoral studies as I drafted *The Methodological Dynamism of Grounded Theory*. I will always think on those commencing weeks of my doctoral studies with fondness, as it exposed me to a measure of collegiality, intellect, investment and care from Professors Birks and Chapman that I had yearned for in the clinical environment.

While these moments may seem simple, they are checkpoints in a tumultuous three years. In that time, I returned to Australia after living in Belfast; had three children; changed employers thrice; moved house four times; submitted approximately 25 articles for publication; successfully applied for over \$500,000 in funding; won Australian Nurse of the Year in 2012 (Innovation) and produced a doctoral thesis before turning 30. I could not have prepared for the rigours of life across this time period, yet the professional growth I experienced while undertaking doctoral studies is something I hope to pay forward in order to advance this fine profession of nursing that I hold so dear, both now and into the future.

CHAPTER ONE

The Beginning

CHAPTER ONE

The Beginning

This chapter introduces the reader to the study by providing an explanation of how the study was conceived and my role as a researcher throughout. I explicate the aims of the research and explore the reasons for embarking on doctoral studies in this area. The significance of this research for nursing education in Australia is discussed and a brief explanation provided on why grounded theory was identified as a suitable methodology for achieving the established aims. The context of the study is addressed, followed by an overview of the thesis to facilitate the reader's progress through the body of work presented. Throughout this chapter, I endeavour to establish what led me to investigate curriculum design in the context of national accreditation and explain the first few steps I took as I embarked on the research process.

IMPETUS FOR THE STUDY

I have long placed an emphasis on the importance of the quality of nursing curricula because I regard it as pivotal to the advancement of the nursing profession. Prior to my enrolment in doctoral studies, I believed that undergraduate pre-registration nursing education was not preparing students for the nursing role because I perceived it was decreasingly relevant to the clinical setting. Such assumptions stimulated my interest in exploring what should be addressed in the design of undergraduate nursing curricula, and how it should be delivered, in order to improve the quality of nursing graduates and enhance patient outcomes.

My initial area of research interest was driven by my desire to establish an understanding of how science should be included in the undergraduate-nursing curriculum in a way that reflects the needs of contemporary nursing. A discussion on this matter between my supervisor, Professor Ysanne Chapman, and I exposed many assumptions I had made about the need for science in nursing education, the value of undergraduate pre-registration nursing curricula, and indeed, the nursing role itself.

A further discussion with my other supervisor, Professor Melanie Birks, revealed that my assumptions were fuelled by my fear – albeit assumptive – that nurses were becoming less prepared to deal with the realities of contemporary nursing practice as a direct result of inadequacies in the design of nursing curricula. To this end, I asked “What informs nursing curricula? How is a nursing curriculum designed?” and “What standards are used to measure and/or maintain the quality of nursing education in Australia?”

It was therefore apparent that my interests were relevant to the process of curriculum design and accreditation with an emphasis on how it impacted on nursing curricula – specifically undergraduate nursing education. Consequently, an avenue of inquiry was explored: namely, a study that would move me towards identifying how curriculum design is undertaken in the context of national accreditation processes in Australia.

STUDY AIMS

By undertaking this research, insights will be gained into how undergraduate nursing curricula are being designed in the context of national accreditation processes. It is anticipated that the findings will provide evidence of how undergraduate nursing curricula

are designed and in what ways accreditation standards inform the process. Consistent with the methodological approach, the direction of the study evolved throughout the research.

Ultimately, the specific aims of this research were to:

- Explore how undergraduate pre-registration nursing curricula are being designed in the context of national accreditation processes
- Identify the influence of accreditation standards on the process of curriculum design
- Explain how informants of curricula are identified and integrated into the process of curriculum design.

RESEARCH SIGNIFICANCE

National accreditation processes provide a means to evaluate the quality of undergraduate nursing curricula in Australia (ANMC, 2009). Although accreditation standards and processes are specific for undergraduate nursing curricula across Australia, variance in curriculum design is evident (Walker, 2005). Differences in curriculum content and delivery are assumed to impact on the consistency of attributes possessed by graduate nurses (McAllister, 2001). Consequently, the quality of undergraduate nursing education is a prominent consideration with a significant proportion of the debate centred on issues related to course content (Birks, Cant, Al Motlaq, & Jones, 2011); student satisfaction (Jeffreys, 2007; Lo, 2002); student attrition (Gaynor et al., 2007); and teaching delivery (Jackson & Daly, 2004). Moving towards an understanding of how accreditation standards are interpreted is essential to embedding quality control in the processes of curriculum design and accreditation. The quality of undergraduate nursing curriculum impacts Australians at all levels as it relates to addressing the staffing of health services at the same time as it is concerned with the delivery of safe nursing care at the bedside (ANMC, 2009).

The need to explore how accreditation standards are interpreted in the design of undergraduate nursing curricula is critical to improving nursing education in Australia. By arriving at an explanatory theory on how curricula are designed in a context of national accreditation processes, this study may make a valuable contribution to the process of accreditation; as well as the quality of undergraduate nursing curricula in Australia.

BACKGROUND

While the conduct of a traditional literature review is not generally advocated in grounded theory studies (Birks & Mills, 2011), it is important to establish an understanding of the physical and conceptual environment in which research is conducted. The National Registration and Accreditation Scheme (NRAS) was launched in 2010 with a view to bringing national cohesion and consistency to the registration and accreditation of health professionals and health curricula in Australia (NRAS, 2012). The scheme was instituted to provide for the protection of the public by facilitating the provision of high quality education and training in health education across Australia (ANMC, 2009). Under the auspices of the Nursing and Midwifery Board of Australia, the Australian Nursing and Midwifery Accreditation Council (ANMAC) was established to develop and implement accreditation standards for nursing and midwifery education that are central to promoting and protecting the health of the Australian community (ANMAC, 2011). Such standards are used to assess whether a program of study or education provider ensures that a person who completes the program has the knowledge, skills and professional attributes necessary to register as a nurse in Australia (ANMAC, 2011).

The primary function of ANMAC as the accreditation authority for the nursing and midwifery professions is to ensure that programs leading to the registration and endorsement of nurses and midwives in Australia meet the Nursing and Midwifery Board of Australia (NMBA) approved standards for accreditation (ANMAC, 2011). The accreditation standards prescribe the structures, personnel and processes expected of nursing education providers and their programs (ANMC, 2009). This includes the governance and organisational structure, nursing curriculum content, and the qualifications, experience and expertise of personnel who are involved in program delivery (ANMAC, 2011). The accreditation standards also detail the scheme of accreditation, including the individual processes that are involved in the accreditation of providers and programs as well as quality improvement, evaluation and notification of major and minor changes to accredited programs (ANMAC, 2011).

In spite of the specificity of accreditation standards and processes, significant differences exist in the content of undergraduate nursing curricula across Australia (Walker, 2005); a factor which is assumed to have an impact on the graduate attributes of nurses across Australia (McAllister, 2001). Factors related to the quality of undergraduate nursing education remain a dominant issue in the literature with discussion centred on student attrition (Gaynor et al., 2007), student satisfaction (Jeffreys, 2007; Lo, 2002), teaching delivery (Jackson & Daly, 2004), and course content (Birks et al., 2011). The absence of discussion on the impact of accreditation on the quality of nursing education is an ongoing concern as is the dearth of literature on how curricula are designed to ensure relevance to the clinical setting. Chapter 2 further explores the context in which this study is conducted and reinforces the significance that this research holds for nursing education in Australia.

OVERVIEW OF METHODOLOGY AND METHODS

Choosing the Methodology

There is a paucity of research on designing undergraduate nursing curricula in the context of national accreditation processes. Consequently, little is known about how accreditation standards and processes influence the design of undergraduate nursing curricula. Because grounded theory results in the generation of theory around social processes (Birks & Mills, 2011), it is an appropriate methodological framework for this study. Arriving at an understanding of how curricula are designed in the context of national accreditation is fundamental to improving a process that holds significant influence on the quality of undergraduate nursing education and nursing graduates in Australia. However, new knowledge is not enough; a theory with explanatory power is needed to guide processes related to quality curriculum design and subsequent revisions of accreditation standards. Since using accreditation standards to inform curriculum development and implementation is an interpretive process, the methodology used will need to identify and explicate this process. In view of these requirements, a grounded theory study is appropriate. Numerous grounded theorists recommend the use of grounded theory methodology when little is known about the subject area, a theory with explanatory power is needed, and the research is focussed on a process inherent to the area being investigated (Birks & Mills, 2011; Bryant & Charmaz, 2010; Glaser & Strauss, 1967). The methodological framework for this study is further explored in Chapter 3 of this thesis.

Ethical Considerations

Prior to the commencement of data collection, approval for the conduct of this research was secured initially from the CQUniversity Human Research Ethics Committee (Appendix 1) and

subsequently from Monash University's Human Research Ethics Committee (Appendix 2, 3). Recruitment occurred via letters of invitation to Heads of Schools of Nursing across Australia (Appendix 7) and the CEO of the Australian Nursing and Midwifery Accreditation Council (Appendix 6). People who responded to the letters of invitation were provided with an information statement (Appendix 4) and consent form (Appendix 5) for participating in a recorded interview. All respondents were assured that they had the right to withdraw from the study at any time until the point of analysis and that confidentiality and anonymity would be maintained. No ethical issues were raised during the course of the study.

Generating and Collecting Data

This research involved the generation of data with participants and the collection of data from documentary sources, as discussed in subsequent chapters. The use of theoretical sampling enables potential avenues of inquiry that may offer opportunities for the collection and/or generation of data to be revealed (Bryant & Charmaz, 2010); thus what, how and from whom data will be collected and generated is directed by the evolving analysis. In the case of this research, data were generated with curriculum designers and Accreditation Managers, initially through individual interviews. These interviews were approximately one-hour in duration and were conducted via telephone for feasibility, although the limitations using such technologies are acknowledged (Birks & Mills, 2011). Interviews were unstructured and commenced with a general scope of questions focusing on qualifications, experience, clinical specialisation and location of practice as a mechanism of establishing rapport and as a 'warm-up' for the discussion to follow. A broad opening question such as 'can you tell me about the process of designing your nursing curriculum?' was used to open the substantive dialogue along with the use of prompts to encourage discussion, thus

ensuring the flexibility characteristic of grounded theory interviewing (Birks & Mills, 2011). Interviews were audio-recorded with the consent of participants and these recordings transcribed for the purpose of analysis. Subsequent to these interviews, further data were collected through a maximum of two exchanges of email dialogue in the later stages of the research in response to the evolving analysis.

As the pool of potential informants in the area of curriculum design in the context of national accreditation processes is finite, documents relevant to the area of study were also consulted and data drawn from these to further develop and refine the grounded theory that is the product of this research. Little literature exists on the use of documents as data in grounded theory research. As part of my exploration and development of the methodology in this study, I explored strategies for using documents in the grounded theory research process. This paper, along with further exploration of data generation, collection and their analyses, are considered in further detail in Chapter 4 of this thesis.

Data Analysis

Data generated and collected through the process described in the preceding section were coded and categorised using processes after consulting key works in grounded theory (Glaser & Strauss, 1967; Glaser, 1978; Strauss and Corbin, 1990; Charmaz, 2006, 2008; Bryant and Charmaz, 2007; Birks & Mills, 2011). This approach included the use of concurrent data collection and analysis; initial, intermediate and advanced coding techniques; theoretical sampling; memoing and the development of theoretical sensitivity. As a result of these processes, a theory was generated, explaining how undergraduate nursing curricula are designed in the context of national accreditation processes in Australia.

This theory is presented in Chapters 5, 6, 7 and 8 and discussed in Chapter 9. Chapter 10 considers the implications of the findings and presents recommendations that have arisen from the grounded theory produced.

THESIS OVERVIEW

This thesis is partly comprised of publications in the earlier chapters with the latter sections taking a more traditional structure. Although the research has been undertaken using a traditional approach to presentation, the contents of chapters 2, 3, 4 & 5 were submitted for publication as they were produced. Each chapter has an introduction that acts as an overview for the reader. Published articles and manuscripts under review are included in these chapters and have been modified for presentation (e.g. resized) for consistency where necessary and possible. Each chapter then concludes with a summary. In this thesis, published papers or those under review contain a reference list, with one comprehensive reference provided at the end of the thesis to present references from chapters without publications.

SUMMARY

Designing undergraduate nursing curricula in the context of national accreditation processes is a previously unexplored area in the literature. A dearth of peer-reviewed literature is evident in Australia and further afield. While the national accreditation process is relatively new to Australia, curriculum design in nursing education is not; meaning that the absence of research on both areas is concerning. It is anticipated that the findings presented in Chapters 5, 6, 7 and 8 of this thesis will contribute to the evidence base around curriculum design and accreditation in undergraduate nursing programs. Further, the papers in Chapters 3 and 4

address issues that advance the development of grounded theory methodology and methods. Therefore, this study presents an opportunity to make significant contributions to the process of accrediting and designing the curricula of undergraduate pre-registration nursing programs nationally. As evidenced by the discussions presented in Chapters 9 and 10, the grounded theory generated through this research possesses explanatory power that has the potential to inform the design of curricula, contextualise future revisions of accreditation standards and ultimately lead to an enhanced quality of nursing practice. The following chapter establishes the context of this research. By establishing the context, the reader will gain a heightened understanding of the complexities of the environment in which national accreditation and curriculum design processes occur.

CHAPTER TWO

Establishing the context

INTRODUCTION

In Chapter One the origins of this research study were discussed. This chapter offers the reader an insight into the impetus for the study and the context that leads to the identification of a focused area of investigation. While a brief introduction to background inherent to the research environment was presented in the opening chapter, the impact that this context has on the progression of the research process is significant. This second chapter will expand the background presented in the first chapter, providing greater detail about the context that underpins this study. Through setting the scene in this way, an understanding of the complexities inherent to the research discussed in this thesis will be further illuminated.

CHAPTER CONTENTS

The chapter consists of two papers; the first of which has been published while the second was under review at the time of submission of this thesis:

Ralph, N., Birks M., & Chapman Y. (2013). The accreditation of nursing education in Australia. *Collegian*, DOI 3983-131.

Ralph, N., Birks, M., Chapman, Y. & Francis, K. (under review). Future-proofing nursing education: An Australian perspective. *SAGE Open* (submitted March 2014)

These articles provide an in-depth exploration of the context in which the study is positioned. The first article addresses the continuum of national accreditation and highlights some of the challenges inherent to such a monumental undertaking. At the proofing stage, ANMAC were sent a copy of the paper to provide them with an opportunity to make any

comment prior to publication. The second paper examines the present and future trajectories of nursing education in Australia and addresses the changes that must be considered by those who develop curricula for undergraduate nursing programs in order to ensure that they remain contemporaneous and relevant to the needs of the health consumer and the nursing profession.

PART B: Declaration for Thesis Chapter

Monash University

Declaration for Thesis Chapter 2

Declaration by candidate

In the case of Chapter 2, the nature and extent of my contribution to the work was the following:

Nature of contribution	Extent of contribution (%)
Concept development, key ideas, development and writing up (The accreditation of nursing education in Australia)	90%
Concept development, key ideas, development and writing up (Future proofing nursing education: An Australian perspective)	70%

The following co-authors contributed to the work. If co-authors are students at Monash University, the extent of their contribution in percentage terms must be stated:

Name	Nature of contribution	Extent of contribution (%) for student co-authors only
Professor Melanie Birks	Concept development, key ideas, development and proofing	
Professor Ysanne Chapman	Concept development, key ideas, development and proofing	
Professor Karen Francis	Concept development, key ideas, development and proofing	

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the candidate's and co-authors' contributions to this work*.

Candidate's Signature		Date 28.06.2014
-----------------------	---	--------------------

Main Supervisor's Signature		Date 14.7.14
-----------------------------	--	-----------------

*Note: Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

THE ACCREDITATION OF NURSING EDUCATION IN AUSTRALIA

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Submitted to: Collegian

Status: Published



Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/coll



The accreditation of nursing education in Australia

Nicholas Ralph, RN, BN, MClInPrac, PhD Candidate^{a,*},
Melanie Birks, RN, PhD, MEd, BN, FACN^b,
Ysanne Chapman, RN, PhD, MSc (Hons),
BEd (Nsg), GDE, DNE, DRM, MACN^a

^a School of Nursing and Midwifery, Faculty of Medicine, Nursing & Health Sciences, Monash University, Clayton Campus, Australia

^b School of Nursing, Midwifery & Nutrition, James Cook University, Townsville Campus, Australia

Received 7 February 2013 ; received in revised form 17 September 2013; accepted 11 October 2013

KEYWORDS

Accreditation;
ANMAC;
Nursing
accreditation;
Nursing education;
Nursing standards

Summary This paper aims to explore and discuss the role that ANMAC and the accreditation standards play in pre-registration nursing education nationally. The context of the discussion is situated in the continuum of events that mark the accreditation of nursing education in Australia.

The National Registration and Accreditation Scheme has given rise to significant challenges related to the accreditation of nursing programs of education in Australia. Given the importance of accreditation to the quality of nursing education, ANMAC in its appointed role as accrediting authority, must fill the position rather than occupy it. Enhancing transparency and effectiveness is central to ensuring accreditation facilitates quality in nursing education. Given ANMAC's key position, further work is needed in developing a broad base of expertise by fostering scholarly output in the substantive area of nursing accreditation.

There is a concerning lack of research centred on the accreditation of programs of nursing education along with the processes associated with it. This problem is not restricted to the Australian context but also extends internationally. In this context, the expertise of accreditors ought to be questioned along with the processes ANMAC use to identify individual capability. As such, the selection of experts needs to be articulated clearly by ANMAC along with the ownership of introducing a research culture into accreditation.

© 2013 Australian College of Nursing Ltd. Published by Elsevier Ltd.

Introduction

The role of the Australian Nursing and Midwifery Accreditation Council (ANMAC) as the accrediting authority for nursing and midwifery programs of study is arguably the most

* Corresponding author. Tel.: +61 0403 844 305.
E-mail address: [redacted] (N. Ralph).

crucial one in Australian healthcare education today. Immense challenges face the nursing profession both now and in the future. The present and intensifying nursing workforce shortage threatens to undermine the efficacy of healthcare delivery across the nation while issues related to national variances in curriculum are a presiding concern. Indeed, the quality of nursing education across the nation is such that urgent attention is needed to address long-standing challenges pertaining to curriculum relevance; student attrition; student satisfaction; teaching delivery and work readiness. The profession must plan for the future by moving in a meaningful direction at a time when huge increases in nursing enrolments are called for amid the intensifying debate around the nursing role and nursing education itself. As the accrediting authority, ANMAC acts as the nation's gatekeepers of nursing education. On a national scale, their role influences the quality of nursing curriculum design, nursing graduates and nursing care in Australia; factors that are tangible outputs of what is essentially a discreet process. In this paper, we explore and discuss the role that ANMAC and the accreditation standards play in pre-registration nursing education nationally.

From the ANMC to the ANMAC

Since the transition of Australian nursing education from hospital-based training to the higher education sector was completed in 1994 (AIHW, 2003) the Australian Nursing and Midwifery Council (ANMC) – itself established in 1992 – has worked alongside state and territory nursing and midwifery regulatory authorities (NMRAs) towards developing nursing and midwifery standards for Australia's healthcare requirements. The ANMC has a rich history in the continuum of nursing history as they have played a role in establishing the *National Competency Standards*; the *Code of Professional Conduct*; and the *Code of Ethics for Registered Nurses and Midwives* (ANMC, 2009a); a document which would later inform the present day accreditation standards that underpin pre-registration nursing education in Australia. Over time, the ANMC contributed to nursing in Australia in a variety of roles with input into statutory nursing and midwifery regulation; national standards and accreditation frameworks; registration requirements; project management; policy advice and stakeholder negotiation, all while being cognisant of the tensions arising from different processes, legislation and emphases across the states and territories (ANMC, n.d.).

In 2004, the Council of Australian Governments (CoAG) engaged the Productivity Commission to report on and propose solutions to issues impacting on the health workforce to ensure the delivery of quality health care over the following 10 years (Productivity Commission, 2005). The resultant report entitled *Australia's health workforce* proposed the establishment of a single national registration board for all health workers on the basis that responsibility for policy direction, funding and delivery of education and training for Australia's health workforce was shared across a broad range of players (Productivity Commission, 2005). A key driver of this recommendation stemmed from a system that was seen as complex, poorly coordinated, and insufficiently responsive to changing needs and circumstances (Productivity

Commission, 2005). Following agreement in 2006 to forge ahead with this proposal, the National Registration and Accreditation Scheme (NRAS) was finally ratified in 2008 with the aim of bringing national cohesion and consistency to the registration and accreditation of health professionals and health curricula in Australia (CoAG, 2008). On 1 July 2010, the Australian Health Workforce Ministerial Council (AHWMC) appointed the ANMC as the independent accrediting authority under the NRAS heralding the ANMC to change its name to the Australian Nursing and Midwifery Accreditation Council (ANMAC) to reflect its role as the accrediting authority for nursing and midwifery programs of study. Its primary function as the accreditation authority for the nursing and midwifery professions is to ensure that programs leading to the registration of nurses in Australia meet the Nursing and Midwifery Board of Australia's (NMBA) approved standards for accreditation (ANMAC, 2011) (Fig. 1).

The resultant transition ushered in by the NRAS was marked by extraordinary dynamism as 85 health profession boards operating under 66 Acts of Parliaments were restructured under one registering authority – the Australian Health Practitioner Regulation Agency (AHPRA) – and one national board – in nursing's case, the NMBA – representing each of the nine professions signatory to the NRAS. While other health professions were already accredited by national authorities established well before the start of the NRAS in 2010, the accreditation of programs of study in nursing and midwifery was a responsibility which fell to the 6 State and 2 Territorial nursing and midwifery boards dotted across Australia. For ANMAC, having to commence as an accrediting authority in an environment marked by dynamism would place them in a position of extraordinary complexity. Under the NRAS, ANMAC became responsible – from 1 July 2010 to 30 June 2013 – for the accreditation of up to 480 programs of study across 160 education providers and distributed over two education sectors (higher education and vocational education and training [VET]). Compared to accreditation authorities in other health professions, the size of ANMAC's workload is monumental; all of which is compounded by having to work through the complexities and challenges that go with being a 'start up' organisation following a complete organisational restructure to better position itself as the chief accrediting body of nursing and midwifery programs in Australia (ANMAC, 2011).

Setting the standards

In this context – and under its new organisational structure – ANMAC employed the *National Accreditation Standards and Criteria for Registered Nurses*, developed in their former guise as the ANMC in 2009 (ANMC, 2009a; ANMAC, 2011). The creation of this document was underpinned by the *National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia* originally established in 2007 to reflect the commitment of each of the NMRAs to a consistent and principled approach to this accreditation scheme (ANMC, 2007). Twelve principles underpinned the creation of the national framework and ultimately informed the development of accreditation standards, namely: legality; legitimacy; validity; efficiency;

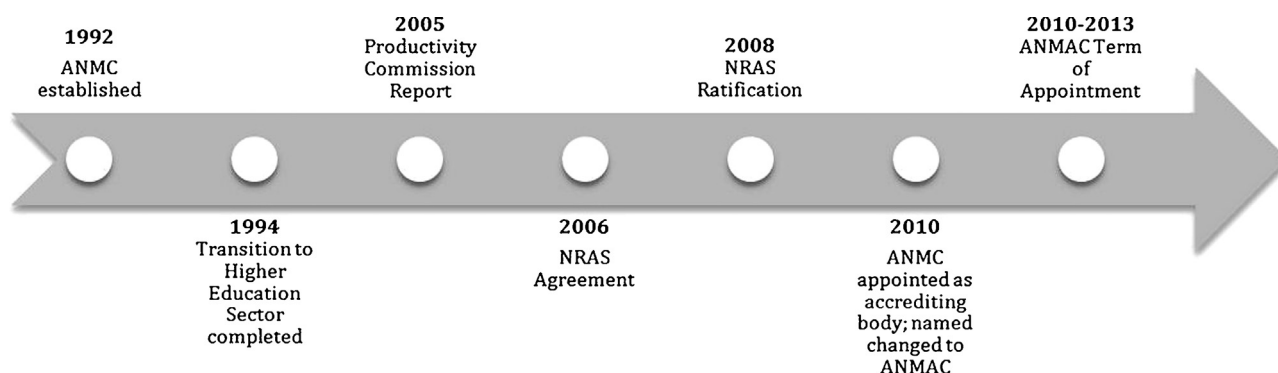


Figure 1 Milestones in the accreditation of nursing in Australia.

accountability; transparency; inclusiveness; procedural fairness; quality improvement; flexibility and responsiveness; diversity and innovation; and ongoing review cycles (ANMC, 2009a). Central to these principles is the purpose of national accreditation processes – that of establishing nationally agreed minimum standards for accredited courses; forging stronger links with stakeholders to enhance courses, improve efficiency and avoid duplication; mutual recognition of accredited courses; graduate mobility; better understanding of the nursing role; wider public understanding and appreciation of the professional competencies of nurses and midwives; and, greater international understanding and acceptance of Australian courses and their graduates (ANMC, 2009a). These principles clearly anticipate the outcome national accreditation would facilitate: that of an open and honest, globally respected system of quality nursing education responsive to the needs of the Australian healthcare consumer.

To achieve such auspicious goals, ANMAC has pursued the development of accreditation standards through extensive consultation with stakeholders (ANMAC, 2012a). In this process, each set of standards is subjected to ongoing review involving broad consultation with the NMBA, the nursing and midwifery professions, educators and other stakeholders to ensure they are contemporary as well as consistent and aligned with Australian and international best practice (Adrian, 2012). Just how ANMAC approach the issue of stakeholder management is not clear, as a formal stakeholder consultation strategy is yet to be developed (Adrian, 2012). Nor is it apparent whether selection criteria are applied in choosing contributors in the development of standards or the committee that coordinates their development. What is recognisable is that ANMAC's Standards, Accreditation and Assessment Committee retains a central role in overseeing the policy of analysis, review and response of external policies relevant to the functions of the organisation (ANMAC, 2012c). The purpose of the committee is well-defined; that of ensuring the standards, policies and procedures underpinning assessment and accreditation are 'effective, fair and based on contemporary research and best practice in the interests of promoting and protecting the health of the community' (ANMAC, 2012d, 1). To accomplish such goals, the committee's adopted operational philosophy appears to be consensual rather than authoritative as broad representation is sought with membership comprised of a nominee

from the ANMAC board; ANMAC's community board; the ANMAC State and Territory Director; the NMBA; the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN); the Registered Nurse, Enrolled Nurse and Nurse Practitioner Committees; the VET sector and an educational expert (ANMAC, 2012d). The NMBA's presence is a situation of note as evidence is suggestive of a trinity of roles: that of accreditation contributor (through committee representation); consultative stakeholder; and approver of standards (Adrian, 2012). Without clear evidence to the contrary, such an arrangement appears to present something of a conflict of interest – at the very least, confusing – as the NMBA has to navigate through a strangely multiplicitous relationship with ANMAC. Nonetheless, the chief point of concern is the seemingly absent selection criteria for identifying experts in the accreditation process. Given the paucity of peer-reviewed literature on nursing education, it would be interesting to determine *what* ANMAC see as the desirables and essentials of accreditation experts and *how* they identify individuals with a requisite level of expertise sufficient to make meaningful contributions to the development of accreditation standards. While the transparency of approaching the profession for expressions of interest (EOI) is a feature of ANMAC's *modus operandi*, of equal importance is the means of articulating to the profession how the interested are determined by ANMAC to be *interesting*. In short, given the profound impact that accreditation standards have on professional education across the country, it is imperative that ANMAC's view of the defining elements of expertise in accreditation is clearly communicated.

As the accreditation standards are used to assess whether a program of study or education provider provides a person who completes the program with the knowledge, skills and professional attributes necessary to register as a nurse in Australia (ANMAC, 2011), it is of the utmost importance that the standards provide an appropriate platform for the design of quality nursing curricula across the nation. The accreditation standards are central to such a goal as they prescribe the structures, personnel and processes expected of nursing education providers and their programs (ANMC, 2009a). This includes the governance and organisational structure, the nursing curriculum content and the qualifications, experience and expertise of personnel who are key to the accreditation role of the organisation (ANMAC, 2011). Also detailed is the schematic of accreditation, including the

individual processes that are involved in the accreditation of providers and programs as well as quality improvement, evaluation and notification of major and minor changes to accredited programs (ANMAC, 2011).

Despite the prescriptive nature of the standards, there is room for interpretation. Cognisant of the dynamism marking healthcare in Australia, scope is present for a strategic approach that caters to prescience in curriculum design (Ralph, Birks, & Chapman, 2013). Conversely, that such scope has given rise to variance in curriculum design is evident (Walker, 2005). The lack of consensus nationally on what quality nursing curricula looks like impacts on the attributes of graduate nurses (McAllister, 2001). Consequently, the quality of undergraduate nursing education is a prominent consideration with a significant proportion of the debate centred on issues related to course content (Birks, Cant, Al Motlaq, & Jones, 2011); student satisfaction (Jeffreys, 2007; Lo, 2002); student attrition (Gaynor et al., 2007); and teaching delivery (Jackson & Daly, 2004). Moving towards an understanding of how accreditation standards are interpreted by curriculum developers is essential to embedding quality control in this process. The quality of undergraduate nursing curriculum impacts Australians at all levels as it relates to addressing the staffing of health services at the same time as it is concerned with the delivery of safe nursing care at the bedside (ANMC, 2009b). As such, embedding quality accreditation as a founding principle of a nationwide system of nursing education is central to progressing it into the 21st century.

Into the future

In future days, the task of ANMAC will no doubt continue to be marked by managing the complexities of the nursing profession while moving to enhance the educational quality of nursing programs across the country. The health and higher education sectors are strongly established and politically sensitive entities that are undergoing significant reforms in health policy, governance and funding with implications for nursing education in Australia (ANMAC, 2012a, 2012b, 2012c, 2012d). It is difficult to operate in such a complex environment. Nevertheless, ANMAC must navigate the complexities of the present and future systems of health and higher education. The political nous of ANMAC and the development of expertise in accreditation are central to success in this process as political pressure is mounting for accreditation standards to be increasingly congruent with national reform thereby ensuring the work-readiness of graduate nurses throughout the country. The responsibility of achieving such outcomes does not fall to ANMAC entirely. Nonetheless, one mechanism ANMAC has established to improve their operative capacity is that of regular reviews of the standards. Somewhat peculiarly, while review is encouraged, no timelines are placed on review cycles by the Standards, Accreditation and Assessment Committee (ANMAC, 2012d). Despite the lack of specifics, it is apparent that ANMAC's review process is protective of the standards as their overarching goal for review is to enhance the accreditation process without inhibiting diversity, innovation or limiting quality improvement (ANMAC, 2012b). Such an approach – given the right mix of consultation, collaboration and expert

contribution should stand ANMAC in good stead to establish strong standards underpinning a strong system of nursing education throughout Australia.

Conclusion

Undeniably, the task of enhancing nursing education through accreditation standards is a difficult one. While the path from ANMC to ANMAC has not been without difficulty, the establishment of national accreditation standards is in itself an achievement. Clearly, opportunities for enhancing the standards are present with the need for greater transparency, expertise development and management of consultative processes. The true operational relationship between the NMBA and ANMAC is yet to be clearly articulated given the presence of multiple roles and the potential for conflicting interests. The development and implementation of accreditation standards must be overseen by recognised experts and founded on an evidence base informed by contemporary research. This latter point raises the greatest concern as the once-in-a-generation opportunity for Australia to become an international leader in national nursing accreditation is slipping by, as the research outputs emergent from the transition to national accreditation are non-existent.

References

- Adrian, A. (2012). *ANMAC Submission to the NMBA for the Review of the Arrangements for the Exercise of Accreditation Functions under the Health Practitioner Regulation National Law Act*. Canberra: Australian Nursing and Midwifery Accreditation Council.
- AIHW. (2003). *Independent Study of the Higher Education Review. In Stage 2 Report*. Byron Bay, NSW: Australian Institute of Health and Welfare.
- ANMAC. (2011). *National Accreditation Guidelines*. Canberra: Australian Nursing & Midwifery Accreditation Council.
- ANMAC. (2012a). *Accreditation Standards*. Available from <http://www.anmac.org.au/accreditation-standards> (cited 07.01.13)
- ANMAC. (2012b). *Registered Nurse Accreditation Standards*. Australian Nursing & Midwifery Accreditation Council.
- ANMAC. (2012c). *Standards, Accreditation and Assessment Committee*. (cited 07.01.13).
- ANMAC. (2012d). *Terms of Reference: ANMAC Standards, Accreditation and Assessment Committee*. Canberra: Australian Nursing and Midwifery Accreditation Council.
- ANMC. (2007). *National framework for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation within Australia*. Edited by Australian Nursing and Midwifery Council. Canberra: ANMC.
- ANMC. (2009a). *ANMC Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia – Registered Nurses*. Australian Nursing and Midwifery Council.
- ANMC. (2009b). In D. Ryan (Ed.), *Standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia—With evidence guide, registered nurses*. Canberra: Australian Nursing and Midwifery Council.
- ANMC. (2013). *Submission to the Productivity Commission Health Workforce Study n.d.* Available from www.pc.gov.au/_data/assets/pdf_file/0015/10644/sub092.pdf

- Birks, M., Cant, R., Al Motlaq, M., & Jones, J. (2011). "I don't want to become a scientist": Undergraduate nursing students' perceived value of course content. *Australian Journal of Advanced Nursing*, 28(4), 20–27.
- CoAG. (2008). *COAG Reform Agenda: Reforming and Investing for the Future*. Commonwealth of Australia.
- Gaynor, L., Gallasch, T., Yorkston, E., Stewart, S., Bogossian, F., Fairweather, C., Foley, D., Nutter, H., Thompson, J., Stewart, L., Anastasi, J., Kelly, J., Barnes, L., Glover, P., & Turner, C. (2007). The future nursing workforce in Australia: Baseline data for a prospective study of the profile, attrition rates and graduate outcomes in a contemporary cohort of undergraduates. *Australian Journal of Advanced Nursing*, 25(2), 11–20.
- Jackson, D., & Daly, J. (2004). Current challenges and issues facing nursing in Australia. *Nursing Science Quarterly*, 17(4), 352–355. <http://dx.doi.org/10.1177/0894318404269389>
- Jeffreys, M. R. (2007). Tracking students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse Education Today*, 27(5), 406–419. <http://dx.doi.org/10.1016/j.nedt.2006.07.003>
- Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of undergraduate nursing students: An Australian case study. *Journal of Advanced Nursing*, 39(2), 119–126. <http://dx.doi.org/10.1046/j.1365-2648.2000.02251.x>
- McAllister, M. (2001). Principles for curriculum development in Australian nursing: An examination of the literature. *Nurse Education Today*, 21(4), 304–314. <http://dx.doi.org/10.1054/nedt.2001.0561>
- Productivity Commission. (2005). *Australia's Health Workforce*. Canberra.
- Ralph, N., Birks, M., & Chapman, Y. (2013). *Future Proofing Nursing Education in Australia*. Central Queensland University.
- Walker, K. (2005). Postmodern pedagogy and the nursing curriculum: Collaborating for excellence. *Collegian*, 12(4), 36–40.

FUTURE PROOFING NURSING EDUCATION: AN AUSTRALIAN PERSPECTIVE

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Professor Karen Francis

Submitted to: SAGE Open

Status: Under review

Future Proofing Nursing Education: An Australian Perspective

Journal:	<i>SAGE Open</i>
Manuscript ID:	SO-14-1222.R1
Manuscript Type:	SAGE Open - Original Manuscript
Keywords:	nursing education, future, nursing curriculum, nursing workforce, nursing policy, Nursing < Behavioral Sciences
Abstract:	<p>The relevance of pre-registration programs of nursing education to current and emerging trends in healthcare and society could have a significant future impact on the nursing profession. In this paper, we use a PESTEL framework (politics; economics; society; technology; environment; and law) to identify significant current and future priorities in Australian healthcare. Following the PESTEL analysis, we conduct a review of the curriculum content of current Australian undergraduate pre-registration nursing curricula. The data were analysed to determine how nursing curricula were aligned with the priorities identified in the PESTEL analysis. Findings suggest preparation-practice gaps are evident in nursing curricula as the broad priorities identified were poorly reflected in undergraduate pre-registration programs. The study recommended (1) the establishment of a nationally consistent mechanism to identify current and emerging trends in healthcare and higher education; and (2) an evidence-based framework that enhances forward planning in the design of undergraduate pre-registration nursing curricula.</p>

SCHOLARONE™
Manuscripts

FUTURE-PROOFING NURSING EDUCATION: AN AUSTRALIAN PERSPECTIVE

ABSTRACT

The relevance of pre-registration programs of nursing education to current and emerging trends in healthcare and society could have a significant future impact on the nursing profession. In this paper, we use a PESTEL framework (politics; economics; society; technology; environment; and law) to identify significant current and future priorities in Australian healthcare. Following the PESTEL analysis, we conduct a review of the curriculum content of current Australian undergraduate pre-registration nursing curricula. The data were analysed to determine how nursing curricula were aligned with the priorities identified in the PESTEL analysis. Findings suggest preparation-practice gaps are evident in nursing curricula as the broad priorities identified were poorly reflected in undergraduate pre-registration programs. The study recommended (1) the establishment of a nationally consistent mechanism to identify current and emerging trends in healthcare and higher education; and (2) an evidence-based framework that enhances forward planning in the design of undergraduate pre-registration nursing curricula.

It is a truth very certain that when it is not in our power to determine what is true we ought to follow what is most probable.

(Descartes, *Discourse on Method*)

The dynamism that will inevitably mark unfolding future events over the next decade and beyond will shape and shift healthcare in new and unexpected ways. Nursing must be a key player if it is to continue to evolve and develop as a profession. Nursing education, particularly at the level of undergraduate pre-registration programs, will form a vital part in informing the direction of the profession. Designing nursing curricula to be *proactive* rather than *reactive* to future events is essential in future-proofing nursing education. Nevertheless, the process of translating a myriad of contextual factors to inform future directions for nursing education is as difficult as it is necessary. This paper proposes a means of future-proofing nursing education by incorporating current and emerging trends relevant to the Australia context into curriculum design.

BACKGROUND

The profession of nursing is influenced by a complex myriad of political, economic, social, technological, environmental and legal factors. For instance, political machinations have heralded initiatives such as the 2010 launch of Australia's National Registration and Accreditation Scheme (NRAS) to improve health workforce mobility and offer a nationally cohesive and consistent approach to the registration of health professionals and accreditation of health curricula (NRAS, 2012). The political agenda is closely associated with economic forces as governments struggle to ensure that healthcare expenditure is both effective and fiscally sustainable.

Beyond politics and economics, the shifts in the social fabric of all nations are exerting influence on priorities in global healthcare. As westernised nations become healthier and live longer, significant challenges are expected to present in the near future as an ageing population, the demand for health services, and the identification of major health issues relating to chronic illness become pressing areas of need.

In the Australian scene, technology continues to play a central role in addressing areas of need and easing some of the challenges faced as the complexity of the healthcare environment increases. Initiatives such as remote patient monitoring and 'telehealth' will become more commonplace modalities of treatment in healthcare. Nevertheless, one challenge that technology may not be able to overcome occurs in a broader, more concerning context - climate change. Climate change is expected to have a significant impact on health over the coming decades with a greater incidence of natural disasters and the endangerment of residences and food and water supplies. This global issue has been identified as the most significant risk to health in the 21st Century by the World Health Organisation (World Health Organization, 2014c; World Health Organization, 2014d).

Ongoing changes in broad global and national contexts raise questions about the position of nurses and nursing education and whether the legal framework of practice in which nurses operate should evolve with the same momentum that marks healthcare. Health Workforce Australia (HWA) are working towards expanding the professional roles of the current health workforce including advancing nursing practice through the use of Nurse Practitioners, promoting nurses and midwives work to full scope of practice and the development of that career pathways that accommodate and promote practice enhancement (Gallagher, Fry, & Duffield, 2010). Schober and Affara (2006) assert that advancing nursing practice is a global phenomenon. They highlighted that promoting this reform agenda has required a global debate within and external to nursing (Schober and Affara, 2006, Barton et al., 2012), a debate that has occurred and continues in Australia (Nursing and Midwifery Board of Australia, 2013, Adrian, 2005).

It is in this dynamic and complex environment that nursing operates; an environment which demands professional responsiveness to factors, seemingly distanced from the profession of nursing and nursing education. So much is clear; nursing and nursing education faces considerable challenges in light of the influence of political, economic, social, technological, environmental and legal factors both now and in coming decades. With these matters at hand, an analysis of current and emerging factors, extrinsic and intrinsic to

nursing education, was undertaken to evaluate the alignment of undergraduate pre-registration nursing education with the future needs of Australian healthcare.

METHOD

The authors employed a two-phase process to: (a) identify future directions of healthcare relevant to the nursing profession using a PESTEL (politics; economics; society; technology; environment; law) analysis framework to categorize the coded data; and (b) conduct a basic online survey of each discrete subject in every undergraduate pre-registration nursing curricula in Australia to assess the level of alignment with the PESTEL results, nationally. While other entry-to-practice pathways were considered for inclusion in the survey, the variability of entry points to graduate pre-registration programs was considered to be a confounding factor – particularly when pre-requisite requirements and credits awarded for previous study are not routinely published in curriculum documents online.

1st Phase

Literature pertaining to the future directions of Australian healthcare was retrieved such as strategic plans, future projections, white papers and annual government and other relevant organisational reports (e.g. AIHW, ANMAC, and HWA). A search of peer-reviewed literature from July 2001 to July 2013 was conducted using Google Scholar, Medline, ProQuest and EBSCOHost. The following search terms were entered: future health; future healthcare; future healthcare; future Australia; future Australia health; future nurs*; future economic*; future politic*; future environ*; future population*; future; future politic*; future economic*; future soci*; strateg* AND health AND Australia. Grey literature was also searched with attention given to government reports and future projections.

A PESTEL analysis framework has been utilised in macro-environmental analyses (Gillespie, 2011) and in strategic planning for future contingencies (Walsh, 2005). PESTEL is a mnemonic used to group factors in the macro-environment to enable the identification of general opportunities and risks that impact on future outcomes (Issa, Chang & Issa, 2010; Kotler and Armstrong, 2004). Analysing macro environmental factors is especially valuable when used to understand how external influences, drivers, and hurdles impact on a particular area of focus such as nursing education (Johnson et al. 2011). As such, the PESTEL analysis framework was used to codify and categorize current and emerging trends relevant to nursing education and the broader healthcare environment. Data were assigned a code and categorizes according to their relevance to one or more PESTEL factors. Two authors, to ensure inter-rater reliability, assessed relevance. Where two authors were unable to agree on relevance, a third author was used to facilitate agreement. Conceptual connections were made while analysing the data resulting in the development of categories within the PESTEL factors.

2nd Phase

A search was conducted of the Australian Health Practitioner Regulation Agency (AHPRA) website for Australian undergraduate pre-registration nursing programs leading to registration (AHPRA, 2012). The following search parameters were entered: Profession – Nurse; Division – Registered Nurse; Qualification Type – General; Country – Australia; Course Type – Bachelor Degree. Ninety programs of study were revealed with double-degrees, post-graduate programs, conversion courses were eliminated from the results. Where an institution offered more than one variation of an award, only the primary program was included. Curricula from the thirty-four institutions remaining were retrieved and subject titles, subject synopses and subject learning outcomes were obtained and analysed to assess their alignment with the PESTEL analysis results from the first phase of the study. Subjects clearly addressing categories pertaining to the PESTEL analysis were assigned a code. Where subjects had a non-descript title such as ‘Nursing 1’ and a subject synopsis or learning outcomes were not available, the data was coded as invalid. A code was also assigned to subjects where investigation of title and/or content synopsis failed to clearly identify a match with PESTEL categories (for example those that provided foundational content only e.g. anatomy, physiology and pharmacology subjects).

FINDINGS

Findings are presented according to the phases of the research process.

1st Phase

Clear categories were developed following coding and analysis of the data retrieved using the search terms. The data were selectively coded for information relating to current and emerging trends in healthcare and higher education.

[INSERT TABLE HERE] Table 1. Results of PESTEL Coding and Analysis

2nd Phase

Following the completion of the PESTEL coding and analysis, an analysis of curricula was undertaken to align the content of nursing programs with the results of the PESTEL analysis undertaken in the preceding phase.

The analysis was performed to ascertain nursing students' quality of exposure to the future needs of the Australian healthcare system. Seven hundred and seventeen (717) discrete subjects were identified across all curricula sourced. Fifty-one (51) subjects were coded as invalid data leaving six hundred and sixty-six (666) discrete subjects for analysis. Table 2 relates to the incidence of alignment between PESTEL categories and subject content.

[INSERT TABLE HERE] Table 2. PESTEL factors across undergraduate pre-registration nursing subjects

While the overall percentage of subjects aligned with the PESTEL analysis is indicative of the national emphasis on the emerging requirements for future nursing practice, an institution-by-institution breakdown of curriculum content was conducted to highlight the manner in which institutions prepare nursing students for future nursing practice. As such, PESTEL factors across institutional programs were graphed (Table 3) to present the data on an institutional basis. The total number of institutions offering undergraduate pre-registration programs leading to registration was thirty-four (n=34).

[INSERT TABLE HERE] Table 3. PESTEL factors across institutional programs

DISCUSSION

Politics

While the findings have illustrated some clear challenges relevant to the nursing profession, the political landscape in relation to health is largely marked by reform. For instance, the National Health Reform Agenda features principally in the political macro-environment and offers insight into the present path dependencies of Australian healthcare in the future. Reform is centred on **targeting priority areas** such as Aboriginal and Torres Strait Islander (ATSI) health, remote and rural health outcomes and mental illness (AIHW, 2012). Further attention is given to **quality improvement measures** designed to enhance access, efficiency and performance such as improved access to dental care, public hospital admission times, the establishment of national access targets and the integration of strategies to embed prevention and early intervention (Australian Government, 2010b). Strengthened consumer engagement and voice is central to this aspect of reform as the aim is to establish a healthcare system that is innovative, research centred, knowledge-led and continuously improving (AIHW, 2012). Of note, is the reform agenda's focus on **optimising the health system for the future** as reference is given to the need to respond to emerging challenges. Specifically, these challenges are seen as: connecting and integrating health and aged care services; the arrival of the 'next generation' of Medicare (Australia's publically funded healthcare service); creating an agile and self-improving health system for long-term sustainability using data, information and communication intelligently; improving the funding design and strategic purchasing throughout the system: all of which will be underpinned by a well-educated modern, learning and supported workforce (AIHW, 2012, ANMAC, 2012, Australian Government, 2010b).

The political agenda in higher education since the Bradley Review (Australian Government, 2008) has provided impetus for structural reform, increased funding and improved quality, equity and access. Concurrent to

reforms in the higher education; the healthcare sector has focused on building a sustainably funded, nationally unified and locally controlled health system to achieve the goals of improving accessibility to health services and enhancing performance, transparency and accountability (Australian Government, 2010a). Although time has not revealed the full effect of reform and its relationship to nursing and nursing education, the national trajectory of political direction is apparent. In *optimising the health system for the future* there is an expectation that health economics, health informatics, technology, health systems, quality improvement, performance, and care coordination will be featured more in undergraduate nursing education (ANMAC, 2012).

Registered Nurses will also need knowledge and experience in complex care, community, primary and sub-acute health contexts as well as possess expert communication, teamwork, leadership and coordination skills (Australian Government, 2010b). Given the emerging priorities in education and health, it is certain that nursing education will need to be reviewed with renewed emphasis placed on ensuring programs of education are inclusive of the key priorities of reform. Already, changes are evident in pre-registration nursing education with the expectation that all curricula will include leadership and management, globalisation of healthcare and advanced level of clinical knowledge skills (Health Workforce Australia, 2012a). Embedding the political agenda as an informant of nursing education is essential to ensuring the congruency of direction for nursing education nationally.

Political agendas globally impact on health workforce recruitment and retention initiatives and drive education and training reform. The World Health Organization for example responded to the identified global shortage of health professionals by developing a framework for action titled *Transformative Scale Up of Health Professional Education* (International Council of Nursing Education Network, 2013, World Health Organization, 2011). This initiative heralded the need for changes to the education of health professionals and argued for the alignment of curricula with community needs; promoted the strengthening of graduates social accountabilities; and advocated the use of enhanced teaching technologies (World Health Organization, 2011). The International Council of Nurses Nursing Education Network in 2010 reported on the global nursing and health professional shortage highlighting the international trend for entry to practice for registered nurses at the bachelor degree level with a move from three year to four year baccalaureate degrees (International Council of Nursing Education Network, 2013).

The implications of the political agenda for nursing education in Australia point to a healthcare sector undergoing significant changes, where clear service priorities are addressed in a more efficient, streamlined, performance driven system. The Australian Government predicts that Registered Nurses will need to prioritise knowledge and experience in complex care, community, primary and sub-acute health contexts as well as expert communication, teamwork, leadership and coordination skills (Australian Government, 2010b). Whether there will be a gap between the preparation of nurses and the realities of practice in the future remains to be seen, however, the identification of different models of nursing education by leading bodies such as the ICN is a sign that structural changes are at the very least, being considered. Although a four-year degree might appear an attractive solution, a better strategy might be to first explore what a generalist philosophy of education entails. Such an option may involve more prudent, evidence-based insertions of content into pre-registration curricula rather than simply extending the preparation over a longer period of time.

Economics

In recent years, the economics of Australian society and Australian healthcare have changed immensely. The global financial crisis has offered a timely reminder that economic forces ultimately influence the fiscal situation of any country, developed or otherwise. Healthcare is an expensive endeavour for any government, particularly those that fund national health schemes (Heller et al., 2014). In the coming years, the impact of economic forces will have an evident influence on the health of Australians. Kirigia et al., (2011) contend that there is significant evidence indicating that economic downturns result in reduced spending on healthcare, ultimately leading to poorer health outcomes with the most vulnerable most at risk.

Chiefly, the rising cost of healthcare is of great concern to the sustainability of funding the health system. Furthermore, the health workforce is growing exponentially with a 26% increase in size in the five years between 2005 and 2010 although the workforce is still experiencing shortages, particularly in nursing (Productivity Commission, 2005, AIHW, 2012); (Health Workforce Australia, 2012c). Also contributing to **rising healthcare expenditure** are key cost drivers such as an emerging emphasis to educate and train even more health workers to adequately staff the health workforce not to mention the costs of concerted addressing national health priority areas relevant to chronic disease, injury and mental health (AIHW, 2012). A sustainably funded health system is top priority for all governments and health funding has become a contentious issue globally as well as nationally (Henry et al., 2009). The reality is that health funding is at a critical point and the Australian government continues to hotly debate its future. Nevertheless, there is no doubt that nurses will be central role-players in this environment as the rollout of local activity-based funding models are introduced across the nation (IHPA, 2011). At an educational level, ANMAC have an expectation that nursing education will increasingly address the cost drivers of healthcare (ANMAC, 2012). The educational imperative for nurses to develop **economic literacy** is foundational to charting a course for a future in which the value of nurses is understood. In addition, the advancing practice agenda for nursing is a means of addressing other health professional number deficits. As nurses represent the largest proportion of the health workforce (HWA 2012) and are a more stable workforce, investing in up-skilling the profession is an economically savvy strategy, albeit one which is an untested assumption.

The cost of such a sizeable nursing workforce – despite its shortages – is clearly problematic. Given that nurses are now financially recognized as a tertiary-educated, highly specialized profession there is - and will increasingly be - a clear political and economic expectation across the nation that their role in the healthcare system is filled rather than merely occupied. As the acuity of hospital care rises and moves towards enhancing the delivery of early intervention strategies to prevent the progression of illness via health promotion and primary healthcare, the nursing profession must become more specialized, expert and lead increasingly complex care pathways in a technologically orientated setting.

These issues raise the question of size in the nursing workforce and whether at current levels, nurses are a sustainable entity. Questions should be asked about the position of the nursing profession in the health system and whether workforce growth has continued through a belief that the profession can be all things to all people. Further concern is found in the up-skilling of second and third level nurses to take on traditional RN roles; a situation that represents fiscal constraint at all costs. While advancing the baccalaureate-educated RN workforce may be a costly exercise on the face of it, in reality the result is a cost efficiency given the lower mortality rates comparative to settings where patients were cared for by non-baccalaureate educated nurses (Aiken et al., 2014). To this end, finding a way forward is essential for the nursing profession as it must avoid a situation that sees a decision-by-proxy made regarding future directions of nursing education in Australia. A recent international study examined the impact of patient to nurse ratios and nurse qualifications on risk adversity and patient outcomes in hospital settings. The findings confirmed that an increase in nurse workloads by one patient increased the likelihood of an inpatient dying within 30 days of admission (Aiken et al., 2014).

Society

In Australia, a number of social trends are emerging that will impact on the direction of nursing education across the nation. Primarily, the growth in Australia's population from 22 million to 36 million by 2050 will result in a significant increase in the **demand for health services** (Australian Government, 2010b). Heightened demand will coincide with an environment where the acuity of hospital admissions is intensifying as is the complexity of service delivery in the aged care sector (Productivity Commission, 2008). In particular, the nursing workforce requires a doubling of graduate completions to cope with expected demand (AHWAC, 2004). Demand for hospital bed days is projected to grow faster and be increasingly allocated to older Australians with peak demand occurring as the baby boomer cohort pass into old age (Schofield and Earnest, 2006).

Another emerging priority is that of Australia’s aging population with over 23% of the nation expected to be 65 years or over in 2050, up from 14% in 2010. Ageing populations are a global phenomenon (Lutz et al., 2008) forcing nations to reprioritise the focus of health policy, expenditure and service delivery (World Health Organization, 2014b, National Research Council (US) Panel on a research agenda and new data for an ageing world, 2001, World Health Organization, 2014a). The Australian Institute of Health and Welfare contend that an aging population will require further attention from healthcare services and extend an already stretched aged care sector (AIHW, 2012). Practically, people living longer will see a trend towards briefer periods of morbidity prior to death meaning the onset of illness to death will be shorter than it is a present. Some perceive this trend as leading to an offset in health expenditure across the lifetime (Caley and Sidhu, 2011, Coory, 2004). Irrespective of the results, the need to urgently expand the health workforce is apparent. In particular, enhancing the aged care workforce to remediate the age-induced tightening of the labour market and competition from the hospitals sector is a priority (Productivity Commission, 2005).

Although the current system can be applauded, it is not without its challenges. In some areas, significant improvements have been made such as the reduction in smoking rates while action is needed in improving the health of Aboriginal and Torres Strait Islander people (AIHW, 2012). Of great concern are the nine *National Health Priority Areas* identified, namely: arthritis and osteoporosis; asthma; cancer; cardiovascular disease; diabetes; injury; mental health; obesity; and dementia (Australian Government, 2012). That arthritis, asthma, cancer, cardiovascular disease, dementia, diabetes and obesity do not feature in the subject titles, subject synopses or learning outcomes of over half of the 34 nursing programs in Australia is a significant concern. That mental health features in 57 discrete courses is an oddity given the mortality and morbidity more strongly associated with other national health priority areas. Historically, mental health has always attracted the attention of a discrete subject; however, if the relics of the past are informing our planning for the future, the foundations on which nursing education is built are treacherous at the least.

Part of the response to build a workforce for the future will be to approach healthcare through **building partnerships** with the wider community which was championed as the way forward by the WHO in 2011 (World Health Organization, 2011). The need to afford health consumers more choice and to make health information more accessible and translatable to the wider public is essential since demand for services is projected to rise (Koch et al., 2008). While some may express unease that social action smacks of social engineering, the nurse has a responsibility to do what they can to improve the health of society and address health inequalities (Marmot et al., 2011, World Health Organization, 2011). By functioning as natural attorneys of a nation’s health, partnerships between nurses and citizens must be established in the continuum of decision-making processes where the delivery of healthcare is concerned. The mainstream healthcare system must effectively extend its accessibility to those living in outer metropolitan, rural and remote areas and in indigenous communities (Productivity Commission, 2005).

Despite efforts to enhance access to health services, the means of achieving this goal are unclear as the future of the nursing profession is marked by significant projected workforce shortages that could impede any meaningful response. The nursing workforce is experiencing shortages that are projected to worsen despite significant increases in graduate numbers and an increasing reliance on overseas-trained health workers to overcome shortfalls (Health Workforce Australia, 2012a; Productivity Commission, 2005). The shortages are even more acute in rural and remote areas and in certain special needs sectors (Health Workforce Australia, 2012a).

In this context, nursing feasibly has three options: (1) continue on its current trajectory; (2) massively increase student intake in undergraduate pre-registration programs; or (3) redefine the nursing role to that of a highly specialize, more focused profession. In view of present and emerging challenges, nursing might not be able to provide expertise in as many contexts as it presently does. These options contrast with the position of the Council of Deans of Nursing and Midwifery (2005) who state that the nursing shortage can only be addressed by changes to workplace relations and conditions. Given the lack of discussion around the future of nursing and nursing education, any decisions may well be coloured by politically expedient quick fixes to workforce shortages rather than a serious debate on the strengths and limitations of the nursing workforce nationally.

Fundamentally, the Australian nursing profession must decide whether they wish to be seen politically and professionally as a highly expert, tertiary-educated profession or whether they wish to be seen as a political quick-fix to national workforce shortages. Whatever the course, nursing education will be central to shaping the future foci of the profession and defining the extent and scope of the nursing role in a healthcare system confronting significant emerging and future challenges.

Technology

Central to the future directions of healthcare nationally is the widespread acceptance that technology will play a crucial role in the success of implementing reform and enhancing efficiency, safety and the continued sustainability of healthcare in Australia (Banks, 2008). Already, significant movements towards the 'technologification' of healthcare are happening in response to the increasing expectations that Australians have towards healthcare accessibility (FitzGerald and Ashby, 2010). At a national level, geo-tagging the health of Australians is informing the creation of an Australian Diabetes Map, whilst 'big data' projects such as the Western Australian Data Linkage system are influencing the delivery of state-based healthcare by informing approaches to research, planning and evaluation through the identification of health trends within the population (Australia's Digital Economy: Future Directions, 2009).

The role of technology as an efficient connecting interface between clinician and consumer is foundational to the partnerships that must be built to enhance the accessibility and effectiveness of healthcare throughout Australia. Central to this process is the requirement for investments to be made in developing the technological skills of the health workforce along with the improving the quality of models of care used in a technology centric environment (Banks, 2008) and of renewing required infrastructure. Given the continued reliance on manual processes and information flows in a system which daily reports 342,000 visits to General Practitioners; 742,000 medications dispensed in pharmacies; 23,000 hospital admissions; and 17,000 emergency department presentations (AIHW, 2012, National E-Health Strategy, 2008), the opportunity to utilise technology to reduce errors and system inefficiencies is an exciting prospect.

Clearly, technology will play a significant role in the future delivery of Australian healthcare with emphasis placed on information sharing, developing service delivery tools and providing meaningful health information sources for clinicians and consumers (National E-Health Strategy, 2008). **Technological literacy** will centre on ways of improving information flows between care providers to provide a foundation for enhancing care planning, coordination and decision-making at the point of care. Already in the current technological environment, healthcare practitioners are able to send digitised medical images of patient records to where the patient is. Such records are now stored online and networked throughout the facility giving clinicians opportunity to check and update patient information anywhere in the facility at any time (Australia's Digital Economy: Future Directions, 2009). Technology literacy will be central to enhancing clinical decision-making to reduce adverse events, or enable timely identification and monitoring of care needs (National E-Health Strategy, 2008). At its most advanced, this concept embraces the detection and treatment of disease through technological advances (National E-Health Strategy, 2008), while the pragmatic side of service delivery tools leads to the integration of evidence-informed knowledge in the care process using technology (Pfeiffer, 2009).

While it is an expectation that graduates are able to use information systems, preparing nurses for the technological contexts in which they will work does not feature in many curricula. Axley (2008) reported that there has been a rapid expansion of the use of technology in healthcare in the United States of America and highlighted that nursing curriculum has not kept pace with this phenomenon. She asserted that skill levels of academic staff teaching nursing students was a barrier to technology featuring in nursing curriculum (Axley, 2008). The digital age is a feature of the 21st Century (Heller et al., 2014) and mandates that educators adopt new practices in preparing nursing students for the realities of the workplace (Simpson, 2011). Johns Hopkins University School of Nursing introduced electronic patient records as a feature of their simulating learning spaces and teaching techniques following recognition that their program was failing to prepare students adequately for practice as graduate nurses (Birz, 2005). Whatever the solution, answers to any lack of

technological literacy in nursing will likely focus on enhancing the abilities of students *and* staff in becoming more adept at responding to increasingly technologically demanding contexts of care.

Environment

The broader environment in which we live has and continues to have a profound impact on the healthcare of all Australians. At a global level, *climate change and health* is inextricably linked as it will bring changing patterns of disease, natural resource insecurity, extreme weather events and population growth and migration (Climate Commission, 2011, Costello et al., 2009). Environmental events will likely drive an emphasis on building capacity in the nursing profession to respond to natural disasters, vector-borne illnesses; food shortages and occasions when infrastructure breakdowns impact on health (Oven et al., 2012, Costello et al., 2009). Catastrophic events will not require a team of disaster nurses but huge numbers of the nursing workforce in order to provide a sufficient response to the situation and maintain appropriate levels of operation on the ‘home front’. Already Pacific Islanders are seeing the effects of global warming and communities are preparing for eventual evacuation and consequent destruction of their societies. As a leading nation in the Pacific region, Australia will be central to the regional expectations of our neighbours as the first responder in times of crisis. As the future will be characterised by deepening stresses between human activities and wider ecosystems (Henry et al., 2009), some of the onus for responding to the impacts of climate change will fall to nurses. It will therefore be necessary for nurses to develop environmentally conscious curricula in view of such looming stressors in the form of disaster nursing. Given the geographically distributed nature of the workforce – the relative number of health professionals other than nurses diminishes as the distance from cities increases (Productivity Commission, 2005) – it is critical to increase the efficiency and effectiveness of the available health workforce, and to improve its distribution if nursing is to position itself as a responsive, mobile, highly expert profession central to the health of the nation.

Law

The presiding dominance of the medical profession over many elements of the healthcare system and by implication, the nursing role, needs to be strongly questioned. While medicine has and continues to answer vital questions with respect to the future context of healthcare, its undue influence on nursing and nurses’ scope of practice is limiting. It is an unfortunate state of affairs when it is recognised that *nursing role extension* usually occurs as nursing knowledge and roles develop. Role extension has occurred as a mechanism for medical staff shortages in rural and remote areas; in response to changes in models of care; and as a means of answering unmet patient needs requiring different skills; and in reaction to the introduction of new technology (Duffield et al., 2011). Any expansion in scope of practice may present complex legal and ethical dilemmas, however, nurses should not act as a stop-gap to limitations in the service delivery capacity of the medical profession (Linsley et al., 2008). Nevertheless, the versatility of the profession is such that nurses assume the function of stop-gaps with regularity. The premise of teaching nurses their legal and ethical obligations in the context of the health system (ANMAC, 2012) should be expanded to include their responsibility to agitate for legislative reform in order to legitimate the development and expansion of the nursing role in Australia. At a fundamental level, the challenges ought to be addressed with the patient as the centre of care while acknowledging the basic right of access to healthcare for all Australians (Australian Government, 2009).

Furthermore, nurses can no longer hide behind the traditional hierarchical dominance of the medical profession as protection from civil or criminal legal action. The pursuit for professional status has brought with it an accountability that sees nurses liable for actions performed as part of the normal scope of their professional role. If we are to respond to the multiplicity of health priorities in Australia while ensuring the integrity of our professional identity, we must start with the basics and empower a new generation of nurses to be legally and politically savvy. Legal impetus for the establishment of a future direction for the professional position must start at educating nurses so as to prevent the passive attitude that has led to legal restrictions being placed on nurses’ scope of practice. We must recognise that legally, the profession cannot optimally facilitate the transformation of healthcare in the future while being dominated by the legal restrictiveness that ties the nursing role to a level subordinate of medicine or any other health profession. Whether nursing

education can be tailored to form the foundations of such legal impetus, transformative of the nursing role is unknown. Without doubt, it must at least be attempted.

LIMITATIONS

The main limitation in this study related to the diversity of quantity and quality of publically available information pertaining to pre-registration nursing curricula. Differences in the minimum information requirements of course profiles, objectives and synopses among higher education providers may have limited the analysis, as it is difficult to determine the coverage of PESTEL factors in teaching resources outside of formalised curriculum documents. Nevertheless, when factors such as national health priorities are prescribed by the national accreditation standards (ANMAC, 2012) yet *not* included in available program information, it opens up the possibility for preparation-practice gaps within undergraduate pre-registration nursing programs.

RECOMMENDATIONS

While solutions to any complex problems are often clear, simple and wrong, we propose a number of recommendations to address the issues raised in this paper:

1. A nationally consistent approach is needed to systematically identifying current and emerging trends impacting on health care and higher education, including a means of interpreting their relevance to undergraduate pre-registration nursing education programs.
2. An evidence-based framework should be implemented that can facilitate undergraduate pre-registration nursing curriculum design to future proof the current system of nursing education. The framework would cater to the modification of curricula only where it is relevant to verifiable current and emerging trends; congruent with the nursing role; in keeping with the generalist philosophy of nursing education; and according to the priorities of health consumers' needs.

CONCLUSION

The nursing profession must – if it is to successfully transition into the 21st century – decide what nursing education and indeed nursing, needs to be. The belief that nurses can be all things to all people is unrealistic. The expectations of political, economic social, technological, environmental and legal agendas are centred on nursing evolving into a highly educated, expert, specialised, mobile, well-remunerated nursing workforce. En masse, such an ideal is not financially sustainable. Philosophically, a shift away from anything else but role extension professionally, is anathema to the core reasons for shifting nursing into the university sphere of education. The array of confusing, paradoxical and inconsistent approaches to undergraduate pre-registration nursing programs is evidence of a profession unsure of itself and largely unaware of how to establish a system of quality education that underpins a quality profession. In this context, the sensibility of a nationally consistent approach to nursing seems apparent. As a new system of national accreditation is ushered in, the time is right to establish a cogent strategy founded in the national domain that offers solutions to nursing's position in the Australian healthcare context. As little and as much is necessary if we are to ensure that the future proofing of nursing education in Australia is a successful process. Ensuring that Australia's nursing workforce is well prepared to meet the demands of the future may mean either extending the minimum course length or enhancing the decision-making around what content should be included. Investing in post-graduate education of nurses and development of an appropriate career pathway will support alignment of the workforce capacity with national need. Curriculum content must be nationally and globally relevant and the use of information technologies to deliver information and as a tool for practice apriority.

REFERENCES

- ADRIAN, A. 2005. Competency satmdards for the advanced registered nurse. Sydney: Amanda Adrian & Associates.
- AHPRA. 2012. *Approved Programs of Study* [Online]. Available: <http://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx?m=Search> [Accessed December 14 2012].
- AHWAC 2004. Annual Report 2003-2004. In: COMMITTEE, A. H. W. A. (ed.). Sydney.

AIHW 2012. Australia’s health 2012. *In*: WELFARE, A. I. O. H. A. (ed.). Canberra: Australian Institute of Health and Welfare.

AIKEN, L. H., SLOANE, D. M., BRUYNEEL, L., VAN DEN HEED, K., GRIFFITHS, P., BUSSE, R., DIOMIDOUS, M., KINNUNEN, J., KÓZKA, M., LESAFFRE, E., MCHUGH, M. D., MORENO-CASBA, M. T., RAFFERTY, A. M., SCHWENDIMANN, R., SCOTT, P. A., TISHELMAN, C., VAN ACHTERBERG, T. & SERMEUS, W. 2014. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383, 9931, pp.1824-1830.

ANMAC 2012. Registered Nurse Accreditation Standards. Australian Nursing & Midwifery Accreditation Council, .

AUSTRALIA’S DIGITAL ECONOMY: FUTURE DIRECTIONS 2009. Commonwealth of Australia.

AUSTRALIAN GOVERNMENT 2008. Review of Australian Higher Education–Final Report. Viewed at: http://www.deewr.gov.au/HigherEducation/Review/Documents/PDF/HigherEducationReview_onedocument_02.pdf on 10 November, 2012. Australian Government. Canberra.

AUSTRALIAN GOVERNMENT 2009. Final Report of the National Health and Hospitals Reform Commission: A healthier future for all Australians. *In*: BENNETT, C. (ed.). Barton. Australian Government. Canberra.

AUSTRALIAN GOVERNMENT 2010a. Department of Health and Ageing, A National Health and Hospitals Network for Australia’s Future (2010) and A National Health and Hospitals Network: Further Investments in Australia’s Health (2010). Australian Government. Canberra..

AUSTRALIAN GOVERNMENT 2010b. A National Health And Hospitals Network For Australia’s Future. Commonwealth of Australia. Australian Government. Canberra.

AUSTRALIAN GOVERNMENT. 2012. *National Health Priority Areas (NHPAs)* [Online]. National Health and Medical Research Council. Available: <http://www.nhmrc.gov.au/grants/research-funding-statistics-and-data/nhpas> [Accessed December 10th 2012]. Australian Government. Canberra.

AXLEY, L. 2008. The Integration of Technology into Nursing Curricula: Supporting Faculty via the Technology Fellowship Program. *The Online Journal of Issues in Nursing* 13, 1-9.

BANKS, G. 2008. Health costs and policy in an ageing Australia. *Health Policy Oration 2008*. Menzies Centre for Health Policy, John Curtin School of Medical Research, Canberra 26 June: ANU.

BARTON, T. D., BEVAN, L. & MOONEY, G. 2012. The development of advanced nursing roles. *Nursing Times.net* [Online], Accessed November 28th, 2012 from <http://www.nursingtimes.net/home/courses-and-events/the-development-of-advanced-nursing-roles/5045780.article>

BIRZ, S. 2005. *Devices and technology* [Online]. USA: Nursezone.com. Available: http://www.nursezone.com/nursing-news-events/devices-and-technology/Lessons-Learned-Information-Technology-Meets-Nursing-Education_23998.aspx [Accessed 7 March 2014].

CALEY, M. & SIDHU, K. 2011. Estimating the future healthcare costs of an aging population in the UK: expansion of morbidity and the need for preventative care. *Journal of Public Health*, 33, 117-122.

CLIMATE COMMISSION 2011. The Critical Decade: Climate change and health. *In*: HUGHES, L. & MCMICHAEL, T. (eds.).Department of Climate Change and Energy Efficiency. Commonwealth of Australia.

COORY, M. D. 2004. Ageing and healthcare costs in Australia: a case of policy-based evidence? *Medical Journal of Australia*, 180, 581-584.

COSTELLO, A., ABBAS, M., ALLEN, A., BALL, S., BELL, S., BELLAMY, R., FRIEL, S., GROCE, N., JOHNSON, A., KETT, M., LEE, M., LEVY, C., MASLIN, M., MCCOY, D., MCGUIRE, B., MONTGOMERY, H., NAPIER, D., PAGEL, C., PATEL, J., DE OLIVEIRA, J. A. P., REDCLIFT, N., REES, H., ROGGER, D., SCOTT, J., STEPHENSON, J., TWIGG, J., WOLFF, J. & PATTERSON, C. 2009. Managing the

- health effects of climate change: Lancet and University College London Institute for Global Health Commission. *The Lancet*, 373, 1693-1733.
- DUFFIELD, C. M., GARDNER, G., CHANG, A. M., FRY, M. & STASA, H. 2011. National regulation in Australia: A time for standardisation in roles and titles. *Collegian: Journal of the Royal College of Nursing Australia*, 18, 45-49.
- FITZGERALD, G. & ASHBY, R. 2010. National health and hospital network for Australia's future: Implications for emergency medicine. *Emergency Medicine Australasia*, 22, 384-390.
- GILLESPIE, A. 2011. *Foundations of economics*, OUP Oxford.
- HEALTH WORKFORCE AUSTRALIA 2012a. Health Workforce 2025 - Doctors, Nurses and Midwives. Commonwealth of Australia.
- HEALTH WORKFORCE AUSTRALIA 2012c. Patterns and determinants of medical and nursing workforce exits. Commonwealth of Australia.
- HELLER, B. R., OROS, M. T. & DUNEY-CROWLEY, J. 2014. *The future of nursing education: ten trends to watch* [Online]. USA: National League for Nursing Available: <http://www.nln.org/nlnjournal/infotrends.htm> [Accessed 7 March 2014].
- HENRY, K., HARMER, J., PIGGOT, J., RIDOUT, H. & SMITH, G. 2009. Australia's future tax system: Report to the Treasurer. In: DEPARTMENT, A.-G. S. (ed.). Canberra: Commonwealth of Australia.
- IHPA 2011. Strategic Plan. Vision, Values and Future Directions 2011-2014. Independent Hospital Pricing Authority,.
- INTERNATIONAL COUNCIL OF NURSING EDUCATION NETWORK. 2013. *News from the ICN Nursing Education Network Bulletin* [Online]. Geneva: ICN. Available: http://www.icn.ch/images/stories/documents/networks/NursingEducation/Nursing_Education_Network_Bulletin_October_2013.pdf [Accessed 5 March 2014].
- KIRIGIA, J. M., NGANDA, B. M., MWIKISA, C. N. & CARDOSO, B. 2011. Effects of global financial crisis on funding for health development in nineteen countries of the WHO African Region. *BMC International Health and Human Rights*, 11.
- KOCH, S., NAY, R., MCAULIFFE, L. & KOCH, B. 2008. The feasibility of developing a standards rating system for all Australian government aged care homes. *International Journal of Older People Nursing*, 3, 80-87.
- LINSLEY, P., KANE, R., MCKINNON, J., SPENCER, R. & SIMPSON, T. 2008. Preparing for the future: nurse education and workforce development. *Quality in Primary Care*, 16, 171-176.
- LUTZ, W., SANDERSON, W. & SCHERBOV, S. 2008. The coming acceleration of global population ageing. *Nature*, 451, 716-719.
- MARMOT, M., ALLEN, J., BELL, R. & GOLDBLATT, P. 2011. Building of the global movement for health equity: from Santiago to Rio and beyond. *The Lancet*.
- NATIONAL E-HEALTH STRATEGY 2008. www.ahmac.gov.au: Australian Health Ministers' Conference.
- NATIONAL RESEARCH COUNCIL (US) PANEL ON A RESEARCH AGENDA AND NEW DATA FOR AN AGEING WORLD 2001. *Preparing for an aging world: The case for cross-national research*, Washington, USA, National Academics Press.
- NURSING AND MIDWIFERY BOARD OF AUSTRALIA. 2013. *Fact sheet on advanced practice nursing* [Online]. NMBA WA. Available: <http://www.nursing.health.wa.gov.au/home/ap-Fact-Sheet.pdf> [Accessed 5 March 2014].
- OVEN, K., CURTIS, S., REANEY, S., RIVA, M., STEWART, M., OHLEMÜLLER, R., DUNN, C., NODWELL, S., DOMINELLI, L. & HOLDEN, R. 2012. Climate change and health and social care: Defining future hazard, vulnerability and risk for infrastructure systems supporting older people's health care in England. *Applied Geography*, 33, 16-24.
- PFEIFFER, K. 2009. Future development of medical informatics from the viewpoint of health telematics. *Methods of information in medicine*, 48, 55.
- PRODUCTIVITY COMMISSION 2005. Australia's Health Workforce. Canberra.

PRODUCTIVITY COMMISSION 2008. Trends in Aged Care Services: some implications. Canberra: Commission Research Paper.

SCHOBBER, M. & AFFARA, F. 2006. *Advanced nursing practice* Oxford, UK., Blackwell Publishing

SCHOFIELD, D. J. & EARNEST, A. 2006. Demographic change and the future demand for public hospital care in Australia, 2005 to 2050. *Australian Health Review*, 30, 507-515.

SIMPSON, R. L. 2011. *Technology: Key to transforming nursing education*. [Online]. USA: Robert Wood Johnson Foundation. Available: <http://www.rwjf.org/en/blogs/human-capital-blog/2011/10/technology-key-to-transforming-nursing-education.html> [Accessed 7 March 2014].

WALSH, P. R. 2005. Dealing with the uncertainties of environmental change by adding scenario planning to the strategy reformulation equation. *Management Decision*, 43, 113-122.

WORLD HEALTH ORGANIZATION. 2011. *Transformative scale up of health professional education* [Online]. WHO. Available: http://www.who.int/hrh/resources/transformative_education/en/ [Accessed 7 March 2014].

WORLD HEALTH ORGANIZATION. 2014a. *Ageing* [Online]. Geneva: WHO. Available: <http://www.who.int/topics/ageing/en/> [Accessed 7 March 2014].

WORLD HEALTH ORGANIZATION. 2014b. *Ageing and life course: Global financial crisis and the health of older people*. [Online]. Geneva: WHO. Available: http://www.who.int/ageing/economic_issues/en/ [Accessed 7 March 2014].

WORLD HEALTH ORGANIZATION. 2014c. *Climate Change* [Online]. Geneva, Switzerland WHO. Available: <http://www.who.int/topics/climate/en/> [Accessed 5 March 2014].

WORLD HEALTH ORGANIZATION. 2014d. *Climate change and human health* [Online]. Geneva, Switzerland: WHO. Available: <http://www.who.int/globalchange/en/> [Accessed 5 March 2014].

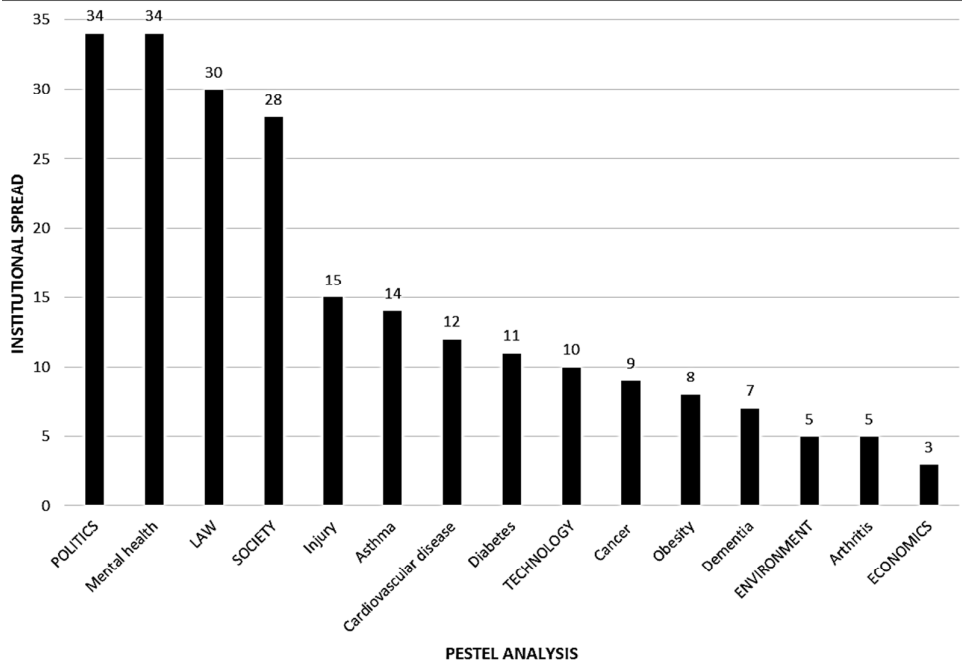
Table 1. Results of PESTEL Coding and Analysis

	CATEGORIES	ILLUSTRATIVE CODES
Politics	Targeting priority areas	establishing national health reform agendas; identifying national health priority areas; optimising hospital care; community care; primary healthcare; health populations (Older Australians, Aboriginal and Torres Strait Islanders; Rural and Remote Australians).
	Quality improvement measures	accessibility to healthcare; expert communication skills, teamwork, leadership &; developing a high performing, equitable, accountable system.
	Optimising the system for the future	resource management; structural reform; new models of care; addressing workforce shortages; building health partnership; nationally unified, locally controlled health system.
Economics	Rising healthcare expenditure	population expansion; funding national health priority areas; health workforce expansion.
	Economic literacy	cost drivers of healthcare; new models of funding.
Society	Demand for health services	population expansion, health workforce expansion; aging population.
	National health priority areas	asthma; cancer; cardiovascular disease; diabetes; injury; mental health; obesity; and dementia.
	Building partnerships	accessible and translatable health information; shared decision-making.
Technology	Technological literacy	improving information flows using technology; enhancing care planning & coordination with technology; integrated clinical decision-making at the point-of-care assisted by technology; monitoring, identification and treatment of care needs.
	Health information sources	consumer access to information; enhanced analysis, reporting, research and clinical decision-making; coordinating nationally consistent approach to care.
Environment	Climate change and health	changing patterns of disease; natural resource insecurity; extreme weather events; population growth and migration; disaster preparedness.
Law	Nursing role extension	perceived medical dominance of nursing role; nursing scope of practice; professional liability; nursing health advocacy.

Table 2. PESTEL factors across undergraduate pre-registration nursing subjects

CATEGORIES		PERCENTAGE
UNALIGNED SUBJECTS	N/A	25.4%
POLITICS	Targeting priority areas	36.2%
	Quality improvement measures	39.9%
	Optimising the system for the future	17.7%
ECONOMICS	Rising healthcare expenditure	0.5%
	Economic literacy	0.3%
SOCIETY	Demand for health services	14.6%
	Arthritis	1.1%
	Asthma	3.9%
	Cancer	2.3%
	Cardiovascular disease	8.0%
	Dementia	2.0%
	Diabetes	2.9%
	Injury	5.0%
	Mental health	11.7%
	Obesity	1.5%
	Building partnerships	6.4%
TECHNOLOGY	Technological literacy	2.7%
	Health information sources	2.1%
ENVIRONMENT	Climate change and health	0.7%
LAW	Nursing role extension	10.8%

Table 3. PESTEL factors across institutional programs



SUMMARY

The manuscripts that make up this chapter offer insights into the national accreditation scheme for nursing and the present and projected priorities of nursing education in Australia. By offering perspectives on the status of the nursing profession, nursing education and the prospective needs of the health consumer, this chapter sets the scene for those that follow. The discussion in this chapter establishes a context for the direction of the research design used in the study. In the following chapter, the methodology that was employed as an overarching philosophical framework that informs the approach to the research is explored in preparation for a subsequent discussion of its application.

CHAPTER THREE

Grounded Theory: A Dynamic Methodology

INTRODUCTION

Having established the context of the study in the preceding chapter, the philosophical and methodological foundations that underpin the research study will now be explored. In any research, the credibility of the work is contingent upon the researcher engendering confidence in the reader. The ability to demonstrate an in-depth understanding of the research methodology employed in the study is critical. In this chapter, two articles are presented that establish my depth of knowledge and comprehension of the context, progression, methods and dynamism that underscore grounded theory methodology.

CHAPTER CONTENTS

The chapter consists of two papers; one is currently under review while the second has been accepted pending revisions. The revisions have been made and submitted for review:

Ralph, N., Birks, M., & Chapman, Y. (under review). The methodological dynamism of grounded theory. *International Journal of Qualitative Methods* (submitted July 2014).

Ralph, N., Birks, M. & Chapman Y. (accepted pending revision). Is grounded theory a methodology? *SAGE Open* (revised and resubmitted July 2014).

These articles provide an in-depth exploration of the philosophical and methodology of grounded theory. The first article addresses the constant nature of change inherent to grounded theory and the way in which such dynamism is reflected in ongoing methodological developments. The second paper examines a question that is often contested by grounded theorists - whether grounded theory is a set of methods or a

methodology. The discussion in this paper centers on and pays particular attention to the essential methods that are characteristic of grounded theory methodology.

PART B: Declaration for Thesis Chapter

Monash University

Declaration for Thesis Chapter 3

Declaration by candidate

In the case of Chapter 3, the nature and extent of my contribution to the work was the following:

Nature of contribution	Extent of contribution (%)
Concept development, key ideas, development and writing up (The methodological dynamism of grounded theory)	80%
Concept development, key ideas, development) and writing up (Is grounded theory a methodology?)	80%

The following co-authors contributed to the work. If co-authors are students at Monash University, the extent of their contribution in percentage terms must be stated:

Name	Nature of contribution	Extent of contribution (%) for student co-authors only
Professor Melanie Birks	Concept development, key ideas, development and proofing	
Professor Ysanne Chapman	Concept development, key ideas, development and proofing	

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the candidate's and co-authors' contributions to this work*.

Candidate's Signature		Date 28.06.2014
-----------------------	---	--------------------

Main Supervisor's Signature		Date 14.7.14
-----------------------------	--	-----------------

*Note: Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

THE METHODOLOGICAL DYNAMISM OF GROUNDED THEORY

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Submitted to: International Journal of Qualitative Methods

Status: Under review

INTERNATIONAL JOURNAL OF QUALITATIVE METHODS

UNIVERSITY OF ALBERTA, CANADA

STATUS: UNDER REVIEW

SUBMITTED: July 9, 2014

The Methodological Dynamism of Grounded Theory

Nicholas RALPH¹, Melanie BIRKS², and Ysanne CHAPMAN¹

¹School of Nursing and Midwifery, Monash University, Australia

² School of Nursing, Midwifery and Nutrition, James Cook University, Australia

Corresponding author information:

Nicholas Ralph, Monash University, School of Nursing and Midwifery, Melbourne, Victoria, Australia, 3800.

Email: [REDACTED]

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

ABSTRACT

Variations in grounded theory (GT) interpretation are the subject of ongoing debate. Divergences of opinion, genres, approaches, methodologies and methods exist, resulting in disagreement on what GT methodology is and how it comes to be. From the postpositivism of Glaser and Strauss, to the symbolic interactionist roots of Strauss and Corbin, through to the constructivism of Charmaz; the field of GT methodology is distinctive in the sense that those using it offer new ontological, epistemological and methodological perspectives at specific moments in time. We explore the unusual dynamism attached to grounded theory's underpinnings. Our view is that through a process of symbolic interactionism, in which generations of researchers interact with their context, moments are formed and philosophical perspectives are interpreted in a manner congruent with GT's essential methods. We call this methodological dynamism, a process characterized by contextual awareness and moment formation; contemporaneous translation; generational methodology; and methodological consumerism.

Keywords

epistemology; grounded theory; methodology; methodological dynamism; ontology; philosophy; reflexivity; research philosophy; research, qualitative; research, quantitative.

INTRODUCTION

No inventor has permanent possession of the invention... a child once launched is very much subject to the combination of its origins and the evolving contingencies of life. Can it be otherwise for a methodology? Strauss and Corbin (1994, p. 283)

Grounded theory (GT) methodology is marked by differences of opinion and divergences in paradigms, philosophies, genres, approaches, and methods. For a methodology that is only four decades young, GT has evolved significantly over this period yet is still characterized by a lack of consensus on what it is and its potential for varied interpretation. The evolution of GT methodology is no happy accident; rather it is the product of an individual's epistemological and ontological interpretations applied in the context of research. We refer to this process as *methodological dynamism*. We describe and detail this process, and offer observations to researchers who wish to understand how new methodological interpretations become ensconced in GT.

BACKGROUND

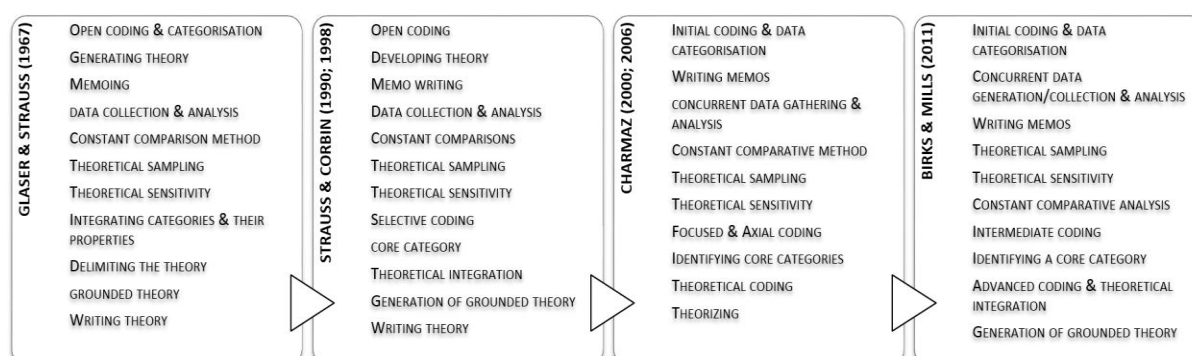
Philosophical drivers of GT methodology have vacillated since its inception. Conflicting perspectives have led to argument amongst grounded theorists and confusion about different interpretations of GT. From the postpositivism of Glaser and Strauss (Glaser & Strauss, 1967; Annells, 1997a; Mills, Bonner, & Francis, 2006b) to the symbolic interactionism and pragmatism of Strauss and Corbin (1990) to the constructivism of Charmaz (2000); the field of GT is distinctive in the sense that grounded theorists offer new ontological and epistemological perspectives at specific moments in time. This is the inherent dynamism in grounded theory methodology, most notably seen in the shifts in its philosophical underpinnings. Emergent interpretations in grounded theory reflect the philosophical position of its proponents and the researchers using it. It is the identification of one's philosophical stance that defines how the researcher interprets GT, thus emphasizing the need for ontological and epistemological awareness.

In this context, awareness of what is and what is not GT is essential to overcoming the perception by some that there is a lack of boundaries or limitations in GT methodology.

Illustrative of this perception are the philosophical interpretations that emphasise the importance of some of GT's essential methods (see Figure 1) over others. Glaser and Strauss, for example, are viewed as critical realists operating in a postpositivist paradigm (Benoliel, 2001; Chen & Boore, 2009; Mills et al., 2006b) who emphasise objectivity, inductive logic and the emergence of data, thus focusing on the constant comparative method in order to produce GT (Annells, 1997a; Glaser & Holton, 2007). Strauss and Corbin are seen as pragmatic interactionists with a constructivist intent, leading them to emphasise axial coding and coding paradigms for the purpose of explicating the nature of relationships within the data (Bryant & Charmaz, 2010; Mills et al., 2006a; Strauss & Corbin, 1990). Charmaz views GT as a constructivist methodology with symbolic interactionist underpinnings, thus emphasising writing as a method because it facilitates the reconstruction of events and generation of data (Charmaz, 2001; Mills et al., 2006b).

Clearly, GT allows the researcher to consider their ontological and epistemological position. It also permits the expression of different perspectives in that emphasis will be placed on a particular essential method to suit one's philosophical viewpoint. Such nuances of GT reflect a situation in which its 'users' position themselves philosophically to facilitate their interpretation of what is 'going on'.

Figure 1. Grounded theory's essential methods



Over time, much has been 'going on' as new interpretations of grounded theory methodology were developed. Constant developments in the philosophical interpretations of GT denote the presence of much wider forces at play. The rise of new generations, new moments, and new philosophies in GT is indicative of a populist methodology in its infancy. Since its inception, the application of different ontological and epistemological perspectives have seen thinking around philosophy and grounded theory characterised by a state of dynamism.

These changing standpoints in GT are not only representative of its struggle for currency as Annells (1997a) suggests, but also, an indication of the role that symbolic interactionism plays in forming these viewpoints. If researchers symbolically interact with sources of data, they also interact with the broader environment to identify and interpret social contexts and their application to GT. If moments arrive as a consequence of the impact of wider social changes that Annells (1997a) alludes to, in turn, grounded theorists adopt the ontology and epistemology of the moment they are working in. Annells reveals in Birks and Mills (2011) that without having ontological and epistemological standpoints to refer to during the moment of Postmodernism, she arrived at her own application of GT that was characterised by undergoing a process similar to Clarke's (2003) situational analysis. It is apparent that GT is a dynamic methodology in that it is characterised by the contemporaneously interpreted philosophical perspectives of the researcher in response to their interaction with wider social forces. Therefore, the grounded theorist's ontological and epistemological perspectives are expressed in their use of GT's essential methods.

While the use of its essential methods is consistently applied across the development of GT thinking, philosophical drivers are far more fluid and raise questions regarding what GT really is. Morse et al. (2009, p. 8) asks, 'if a method is well developed and that method is published, taught and used, and that method is changed by the second person, is it still the same method?'. These authors (2009, p. 17) answer their own query in part by stating that 'science changes, develops and usually improves over time'. So long as the essential methods are observed in the course of developing GT, the use of

theoretical lenses need not be singular among grounded theorists. As Holton (2009) explains, as a general methodology, GT adopts an epistemological perspective appropriate to the data and an ontological stance correspondent to the researcher. It is in the process of shifting philosophical perspectives that we see the *methodological dynamism* of GT. That this process is largely a researcher orientated response to social pressures and changes over time is evidence that GT is dynamic within its boundaries as defined its essential methods.

METHODOLOGICAL DYNAMISM IN GROUNDED THEORY THINKING

In exploring the dynamism that characterizing GT and its driving philosophies, we began to note salient points that illustrated to us how new interpretations of GT came to prominence. These points are ensconced in the idea of *methodological dynamism* and are reflected in five parts: *contextual awareness and moment formation*; *contemporaneous translation*; *generational methodology*; and *methodological consumerism*.

Table 1. Defining Methodological Dynamism

Methodological Dynamism	
Contextual Awareness and Moment Formation	The derivation of sense and order that occurs when people symbolically interact with their context to form moments in qualitative research
Contemporaneous Interpretation	The interpretation of dominant shifts in society and philosophy by a researcher aware of the context in which they are living.
Generational Methodology	The generational character of a methodological translation that repositions GT philosophically and is

	subsequently disseminated and interpreted by the researcher
Methodological Consumerism	The 'buy-in' that occurs when a new methodological approach to GT is offered, debated, interpreted and adopted.
Methodological Dynamism	By a process of symbolic interactionism, in which generations of researchers contemporaneously interact with their context, moments are formed and philosophical perspectives are translated in a way that is congruent with the essential methods of GT.

Contextual Awareness and Moment Formation

Contextual awareness results from individuals responding to broad societal shifts that influence contemporaneous thinking and contribute to the formation of philosophical interpretations of GT. Such shifts set the scene for the methodological dynamism of GT in that informants of context – real world events – influence the hegemony of academic thought, giving rise to the formation of moments in research.

An awareness of context influences the formation of moments in research in the all-pervading context of symbolic interactionism. In demonstrating this point, we must examine GT contextually. The ebb and flow of moments in research in the context of historical change is a noted phenomenon that must be understood in order to comprehend the varying interpretations of certain elements within GT (Annells, 1997b); Birks and Mills, 2011). Although we contend that the essential methods of GT have endured the tests of time, its history is complex and 'like most difficult subjects, it is best understood

historically' (Suddaby, 2006, p. 633). Historically, research and thus, GT, can be viewed in seven 'moments' that came to prominence in a specific period, yet continue to overlap and operate simultaneously in the present: namely, traditionalism (1900-1950); modernism (1950-1970); blurred genres (1970-1986); the crisis of representation (1986-1990); postmodernism (1990-1995); post-experimental inquiry (1995-2000); and the methodologically-contested present (2000-2010) (Denzin & Lincoln, 2011). These moments represent prominent paradigms possessive of characteristic philosophies that typify the interpretation of meaning in a scholarly space. As the underlying assumption of GT is that people make sense of and order their social world (McCann & Clark, 2003), so too is the relationship between contextual awareness and moment formation. For example, the moment of traditionalism is colored by contextual awareness of Victorian positivism with its objectivist absolutes placing priorities on rigor in research (Anger, 2001). Similarly, ructions in American culture gave rise to the moment of Blurred Genres as researchers questioned their position in society as well as their position in texts (Birks and Mills, 2011). Consequently, sense and order is derived when people symbolically interact with broad philosophical paradigms to form moments in qualitative research.

It is clear that there is a congruency of relationship between contextual awareness and moment formation. That this event happens in the context of symbolic interactionism is certain as it is about researchers interpreting social forces and applying this knowledge to their research. This point leads to the concept of *contemporaneous interpretation* in the context of *methodological dynamism*.

Contemporaneous Interpretation

Contemporaneous interpretation refers to the timing and nature of contextual and paradigmatic interpretation by researchers that contribute to the formation of moments in research. It is marked by the process of making philosophical sense of GT in a contemporaneous manner and is informed by broad, wide-ranging forces in society that occur over time. *Contemporaneous interpretation* is carried out with an awareness of the dominant context at play and how we symbolically interact with and are cognizant and conscious of such forces in relation to GT. The concept of macro influences on the

social consciousness is not new as Yuginovich (2000) argues that historically, social paradigms are a stronger force than language in the molding of social consciousness.

The unfolding of *contemporaneous interpretation* in GT methodology can be seen in the context of concurrent developments in contextual awareness and moment formation. If we observe movements in the work of Strauss and Corbin (1990, 1994, 1998) we note they shift from post-positivism to constructivism over time. Given their work occurred during the transition from the moment of Blurred Genres (1970-1986), to the Crisis of Representation (1986-1990), to the moment of Postmodernism (1990-1995) and finally to Postexperimental Inquiry (1995-2000), it is interesting to note the congruency between the characteristics of the dominant philosophical paradigm of the moment and developments in GT methodology. Such congruency is evidence of *contemporaneous interpretation* occurring as researchers are contemporaneously interpreting their context in a moment of time and translating its meaning to GT methodology.

For instance, the moments of Blurred Genres and the Crisis of Representation are typified by relativistic postpositivism in that Strauss and Corbin's early work outlines a prescriptive method in order to limit the biases of the researcher and foster a more reflexive approach (Denzin & Lincoln, 2011). As the moments of Postmodernism and Postexperimental Inquiry are ushered in – periods characterized by constructivist thought – Strauss and Corbin (1994, 1998) and Charmaz (1995, 2000) explore constructivism and its relationship to GT (Birks and Mills, 2011). It is noteworthy that Charmaz constructs an approach that incorporates positivist methods with a postpositivist approach whilst remaining cognizant of the researcher's position in relation to the text and their research subjects (Charmaz, 2006). Furthermore, Charmaz's focus is implicit of the importance of reflexivity when theory is being developed (Birks and Mills, 2011). Ironically, Charmaz's approach is a construction of the defining elements of different moments in research evident in the positivism of Traditionalism; the postpositivism of Modernism; the position of the researcher in Blurred Genres and Crisis of Representation moments; the pragmatism of the Postmodernism moment; and the multiplicity of philosophical frameworks as represented by the moment of Postexperimental Inquiry.

These examples demonstrate how contemporaneous philosophies are aligned and applied to form new interpretations of GT methodology. In effect, *contemporaneous interpretation* is an active process in which ontological and epistemological standpoints are interpreted and reinterpreted over time by grounded theorists situated in the dynamic of shifts in society and philosophy. Moments color the grounded theorist's perspective; they are influenced by broad shifts of context and respond by adopting a congruent philosophical standpoint. *Contemporaneous interpretation* is fundamental to the formation of new methodological approaches to GT, and thus we observe the importance of methodological dissemination and interpretation – an event that establishes a *generational methodology*.

Generational Methodology

Even at first glance, GT is a methodology of generations. Each generation is characterized by a particular methodological translation that repositions GT philosophically and is subsequently disseminated and interpreted by the researcher. For example, classic or Glaserian GT characterizes the first generation in the same manner that constructivist GT marks the second generation.

There is an ongoing perception that seminal texts produced by first-generation grounded theorists contain methodological gaps that have seen subsequent generations of grounded theorists arrive at certain philosophical perspectives for the purpose of planning and executing a course of study (Birks and Mills, 2011). The researchers who addressed these gaps are referred to as second-generation grounded theorists; a label attached to those who identified with a body of students operating under the guidance – either directly or indirectly – of Barney Glaser and Anselm Strauss (Morse et al., 2009). Despite Glaser and Strauss' resolve, original texts remained largely silent on the methodology of GT. This silence is tacitly indicative of the fact that GT is not prescient of future ontological and epistemological perspectives.

Voltaire, a French philosopher and historian, is purported to have said ‘history should be written as philosophy’ (Dingle, 2000, p. 244) as the cultivation of dominant philosophical paradigms and the progression of social history are indelibly intertwined. The absence of ontological and epistemological perspectives in first-generation texts is representative of a true focus on emergence as to have it otherwise may force a philosophical standpoint onto future GT studies. To bind future generations to modernist philosophy potentially restricts the translational impact of GT, as it would anchor it to antiquarian schools of thought rather than leaving it subject to philosophical influences over time. Nonetheless, the anchoring force of Glaser’s perspective is in our view valuable as his prolific writings on classic GT offer a constant platform of reference for subsequent generations. Glaser has been largely constant, in spite of the evolution of GT propelled by these generations. Second-generation grounded theorists have been influential in filling in what they perceive to be methodological gaps left by the first generation by using the early work of Glaser and Strauss as a reference point for their own interpretations of grounded theory (Birks and Mills, 2011). It is this process of ‘filling in’ that defines a generational methodology as it gives fit and form to a new methodological approach in GT and enables it to be subject to the process of *methodological consumerism*.

The role of generations as interpreters of the *contemporaneous interpretation* is pivotal to the development of methodological understanding as individuals have interpreted new formations of GT methodology in their own context. It is thus the role of the third generation to stand on the shoulders of giants and translate, interpret and debate the works of the first and second generation in order to arrive at a contemporaneous understanding of GT. As such, the first generation of grounded theorists such as Glaser and Strauss can be viewed as custodians of its infancy, responsible for its birth and nurture in the same manner that second generation grounded theorists carried it through its childhood and encouraged its growth. GT is now situated before third generation researchers in its difficult period or adolescence as a methodology trying to establish its identity in the grand scheme of knowledge generation.

Methodological Consumerism

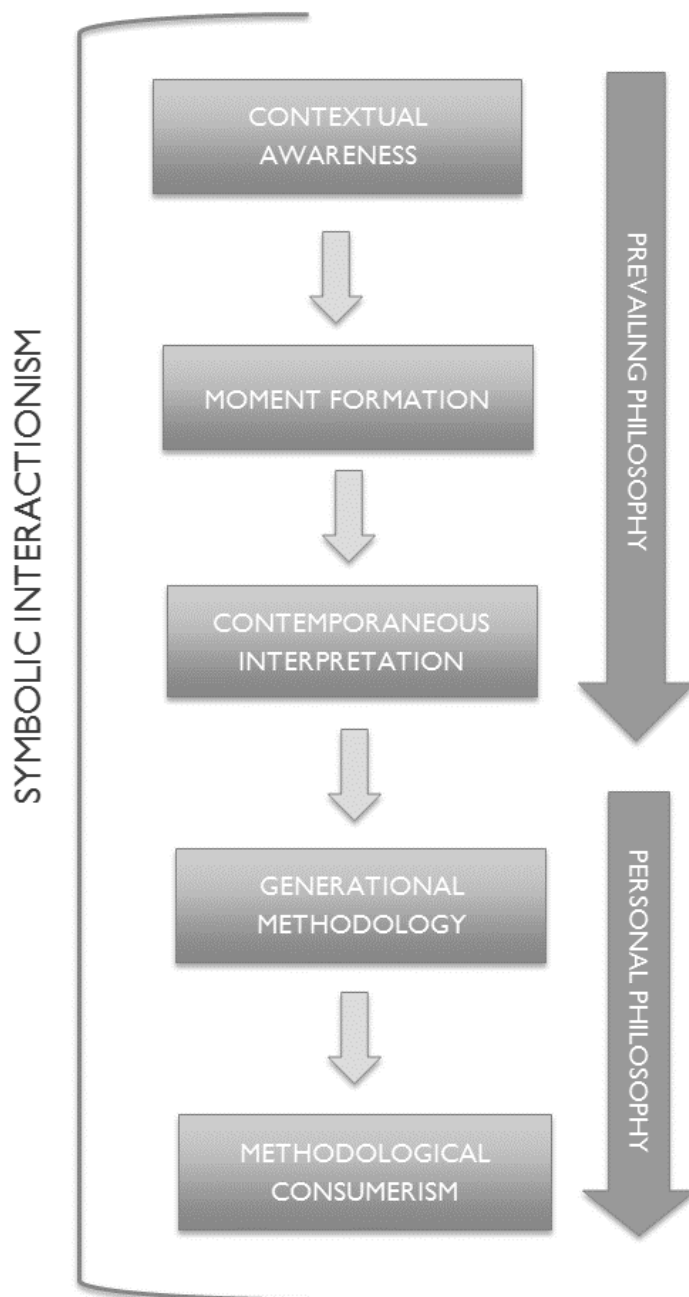
We view *methodological consumerism* as the final phase of *methodological dynamism*. The defining feature of methodological consumerism is the ‘buy-in’ that occurs when a new methodological approach to GT is offered, debated, interpreted and adopted. In aid of illustrating this point, it is remarkable to note that Denzin and Lincoln (2011) suggest that newcomers from traditionally quantitative fields were attracted to GT as a result of Strauss and Corbin’s (1990) cookbook approach for conducting analysis. The subtext of this situation is that quantitative researchers were drawn to GT because it was morphing into a recipe for conducting research with which they were familiar. Such uptake demonstrates *methodological consumerism* in action and highlights the power that *contemporaneous interpretation* has on this process.

Even the discovery of grounded theory itself harkens to the idea of *methodological consumerism*. It is well reported that Glaser and Strauss – two men with epistemological assumptions embedded in sociological theory and influenced by symbolic interactionism – moved to counter the influence of quantitative positivist science by “discovering” grounded theory (Benoliel, 2001; Suddaby, 2006). Their original paradigmatic position was postpositivist (Annells, 1997a; Benoliel, 2001); a stance that reflected the essence of the second moment of qualitative research. This stance was representative of the newly powerful paradigm for inquiry of the time (Benoliel, 2001; Denzin & Lincoln, 2011) and established a context in which *The Discovery of Grounded Theory* would become one of the most widely used methodologies in research. These events highlight *methodological consumerism in action* as Glaser & Strauss articulated an approach to research that suited the philosophical shifts of the time.

It is the symbolic interactionism between context, moment formation, contemporaneous interpretations, and grounded theorists everywhere that knits consensus in a somewhat serendipitous way to bring a methodology to the point where it is ready to be consumed ‘*en masse*’. This process demonstrates the macro level at which *methodological consumerism* occurs. Thus, without the occurrence of *methodological consumerism*, the nuances of variant GT methodologies are not disseminated, therefore not discussed, and consequently not consumed. At its most extrapolated level,

methodological consumerism is about allowing the processes of *methodological dynamism* (see Figure 2) to occur in order to reach an understanding of how to employ GT methodology in one's own research.

Figure 2. The process of Methodological Dynamism



CONCLUSION

GT methodology is dynamic within its boundaries. Its common boundaries, represented by its essential methods clearly demonstrate a single, systematized approach to research that operates within a clearly defined philosophical framework. Such a situation exists in spite of GT's different philosophical standpoints. Nonetheless, being cognizant of these different standpoints enables us to observe the systematized way of thinking that has been employed within the context of observable variances. The implication is that GT is dynamic because of a multiplicity of methodological standpoints within its monolith. In this dynamic state, GT responds to social pressures, changes over time and adapts to the moment in which it is used. This adaptation is represented by *methodological dynamism* - a process marked by symbolic interactionism, in which generations of researchers contemporaneously interact with their context, moments are formed and prevailing and personal philosophical perspectives are translated into products of research.

REFERENCE LIST

- Anger, S. (2001). *Knowing the past: Victorian literature and culture*. New York: Cornell University Press.
- Annelles, M. (1997a). Grounded theory method, Part I: Within the five moments of qualitative research. *Nursing Inquiry*, 4(2), 120-129.
- Annelles, M. (1997b). Grounded theory method, Part II: Options for users of the method. *Nursing Inquiry*, 4(3), 176-180.
- Benotiel, J. Q. (2001). Expanding knowledge about women through grounded theory: introduction to the collection. *Health Care Women Int*, 22(1/2), 7-9.
- Birks, M & Mills, J. (2011). *Grounded theory: A practical guide*. London: Sage.
- Bryant, A., & Charmaz, K. (2010). *The SAGE handbook of grounded theory / edited by Antony Bryant, Kathy Charmaz*. Los Angeles: SAGE Publications.
- Charmaz, K. (2000). *Grounded theory: Objectivist and constructivist methods*. Thousand Oaks, CA: Sage.
- Charmaz, K. (2001). Qualitative interviewing and grounded theory analysis. In J. Gubrium & J. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 675-694). Thousand Oaks, CA: Sage.
- Charmaz, K. (2006). *Constructing grounded theory : a practical guide through qualitative analysis / Kathy Charmaz*: London : SAGE, 2006.
- Chen, H.-Y., & Boore, J. R. P. (2009). Using a synthesised technique for grounded theory in nursing research. *Journal of Clinical Nursing*, 18(16), 2251-2260. doi: 10.1111/j.1365-2702.2008.02684.x
- Clarke, A. (2003). Situational analyses: Grounded Theory mapping after the Postmodern turn. *Symbolic Interaction*, 26(4), 553-577.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research / edited by Norman K. Denzin, Yvonna S. Lincoln* (4th ed ed.): Thousand Oaks : Sage, c2011.
- Dingle, C. (2000). *Memorable Quotations: Philosophers of Western Civilization*. Lincoln: Writers Club Press.
- Glaser, B., & Holton, J. (2007). Remodeling Grounded Theory. *Historical Social Research*(32), 47-68.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New Brunswick: Transaction.
- Holton, J. (2009). Qualitative tussles in undertaking a grounded theory study. *The Grounded Theory Review*, 8, 37-50.
- McCann, T., & Clark, E. (2003). Grounded theory in nursing research: part 1 -- methodology. *Nurse Researcher*, 11(2), 7-18.
- Mills, J., Bonner, A., & Francis, K. (2006a). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice*, 12(1), 8-13. doi: 10.1111/j.1440-172X.2006.00543.x

- Mills, J., Bonner, A., & Francis, K. (2006b). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, 5(1), 1-10.
- Morse, J. M., Noerager Stern, P., Corbin, J. M., Bowers, B., Charmaz, K., & Clarke, A. (2009). Developing grounded theory. The second generation. Walnut Creek: Left Coast Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research : grounded theory procedures and techniques / Anselm Strauss and Juliet Corbin*: Newbury Park, Calif : Sage Publications, c1990.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 273-285). Thousand Oaks, CA: Sage.
- Suddaby, R. (2006). FROM THE EDITORS: WHAT GROUNDED THEORY IS NOT, Editorial, *Academy of Management Journal*, pp. 633-642. Retrieved from <http://ezproxy.cqu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=heh&AN=22083020&site=ehost-live>
- Yuginovich, T. (2000). More than time and place: Using historical comparative research as a tool for nursing. *International Journal of Nursing Practice*, 6(2), 70-75. doi: 10.1046/j.1440-172x.2000.00183.x

IS GROUNDED THEORY A METHODOLOGY?

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Submitted to: Sage OPEN

Status: Under Review

SAGE Open

Is grounded theory a methodology?

Journal:	<i>SAGE Open</i>
Manuscript ID:	SO-14-0488
Manuscript Type:	SAGE Open - Original Manuscript
Keywords:	grounded theory, Research Methodology and Design < Research Methods < Social Sciences, Research Methods < Social Sciences, method, Methodology < Sociological Research Methods < Sociology < Social Sciences
Abstract:	Distinguishing between a method and a methodology is an important step for anyone new to world of research. For those who make their first leap into research using grounded theory (GT), the task of deciphering the literature and determining whether it is a methodology or a method is difficult. Inconsistent terminology, indistinct philosophical underpinnings and unclear applications of GT have added to the lack of clarity over whether it is a methodology, or a set of methods. This article aims defines what a research methodology is, and explores the GT literature to answer the question "is grounded theory a methodology?"

SCHOLARONE™
Manuscripts

Is grounded theory a methodology?

Abstract

Distinguishing between a method and a methodology is an important step for anyone new to world of research. For those who make their first leap into research using grounded theory (GT), the task of deciphering the literature and determining whether it is a methodology or a method is difficult. Inconsistent terminology, indistinct philosophical underpinnings and unclear applications of GT have added to the lack of clarity over whether it is a methodology, or a set of methods. This article aims defines what a research methodology is, and explores the GT literature to answer the question “is grounded theory a methodology?”

INTRODUCTION

One of the first distinctions a research student must learn to make is to identify the differences between a research methodology and a research method. These first few steps are an integral part of any researcher's formative years as they come to grips with the notion that a whole new world of philosophy drives the application of methods. For those whose main introduction to research centres on grounded theory (GT), trying to determine whether it is a research methodology or research method can prove to be particularly confusing. For too long, inconsistent terminology, indistinct philosophical underpinnings and unclear applications of GT have prevailed and clouded attempts to define whether it is a methodology, or simply a set of methods. This article aims to clarify the concept of a research methodology, and consider whether GT meets this definition, or is basically a set of methods.

WHAT IS A RESEARCH METHODOLOGY?

In the first instance we need to define what we mean by 'research methodology'. The literature is surprisingly scant when it comes to providing a definition. The term 'methodology' finds its origins in two Latin root words, "methodus" and "logia" where the word "methodus" means a systematic course or way of thinking, and the second, 'logia', indicates a branch of knowledge or study (Stevenson, 2010). At a basic linguistic level, the notion of a research methodology suggests a systematized approach to research that operates within a clearly defined philosophical framework.

A research methodology is characterized by how its philosophical underpinnings inform the consistent application of its methods. The underpinnings guide the research process by providing a framework for inquiry (Jirojwong, Johnson, & Welch, 2011). The importance of the philosophical bedrock of a methodology is evident in that all approaches to qualitative

research requires consideration of the interplay between three key philosophical concepts – ontology, epistemology and methodology (Denzin & Lincoln, 2011). In defining these concepts, Schneider (2003) refers to ontology as the worldview guiding the study; epistemology as the study foci; and methodology as the design for conducting the study. Awareness of these influencing factors is vital because research is internally consistent when the links between these three concepts are coherent and congruent (Schneider, 2003). It is ignorant to separate a methodology from its ontological and epistemological standpoints for they exist synergistically. This standpoint is corroborated by Birks and Mills (2011) who view a research methodology as an entity that positions the researcher in their study and their approach defined by the strategies they use. A research methodology should therefore represent an approach to research that is based on a foundation of an establish way of thinking and strategy to research. We therefore define a research methodology as being *characterized by a systematic way of thinking and researching that finds its foundations in philosophical dogma and sees its expression in the use of congruous means of inquiry.*

IS GROUNDED THEORY A RESEARCH METHODOLOGY?

Grounded Theory in the literature: Methodology or method?

Little scholarly debate on what a methodology is and whether grounded theory fits any established definition has contributed to a lack of consensus on both fronts. Furthermore, the language used in GT has been marked by inconsistency; no doubt contributing to the uncertainty that exists over whether GT is a research methodology as evidenced by inconsistent terminology throughout the literature. The countless perspectives that have informed the development of GT have seen various attempts to shape, amend and apply nomenclature. For example, some prominent grounded theorists refer to GT as a method (Bryant & Charmaz, 2010; Charmaz, 2006), while others refer to it as a methodology (Corbin

1
2
3 & Strauss, 2008; Eaves, 2001; Glaser, 2010). Jirojwong et al. (2011) acknowledge this
4
5 impasse by advising that the terms “grounded theory methodology” and “grounded theory
6
7 method” are often used interchangeably in the literature. It is therefore necessary to ascertain
8
9 if GT is indeed a methodology and by what criteria this can be determined.
10

11
12
13
14 The consideration of research methodologies has not escaped grounded theorists. For
15
16 example, Corbin and Strauss (2008, p.1) submit that a research methodology is ‘a way of
17
18 thinking about and studying social phenomena’ and that ‘every methodology rests on the
19
20 nature of knowledge and of knowing’. Such a view indicates that there are certain
21
22 characteristics of a research methodology that must be present if the study is to be
23
24 methodologically congruent. For example, Glaser and Strauss’ book *The Discovery of*
25
26 *Grounded Theory* (1967) presents a set of principles or methods we argue are the essential
27
28 methods inherent to GT. Although the nomenclature has changed slightly since Glaser and
29
30 Strauss’ seminal publication, Figure 1 demonstrates that at a fundamental level, GT’s
31
32 essential methods have remained the same over time – irrespective of any ontological or
33
34 epistemological perspective adopted. While it is unusual for research methodologies to be
35
36 explicitly prescriptive in setting forth research methods, GT demonstrates its uniqueness by
37
38 defining a systematically applied set of methods that must be employed for theory to be truly
39
40 grounded.
41
42
43
44
45
46

47 **Figure 1.** The essential methods of grounded theory (insert about here)
48
49
50

51 *Of Philosophy, Methodology and Grounded Theory*
52

53 *The Discovery of Grounded Theory* (Glaser & Strauss, 1967) was a response to the perceived
54
55 need for systematicity and rigor in qualitative research. The moment of traditionalism
56
57
58
59
60

(Denzin & Lincoln, 2011) brought significant quality improvements to research; however, the emphasis was almost exclusively on quantitative methods. Grounded theory was a clear retort to ongoing criticisms of qualitative research at the time so the focus of *Discovery* was almost exclusively on methods. While phenomenologists can neatly point to Heidegger or Husserl as their philosophical fathers, grounded theorists remain coy about nailing their colours to Lazarsfeld's, Weber's or Blumer's mast. Symbolic interactionism is perhaps most strongly associated with grounded theory philosophy. Few grounded theorists would refute the link between GT and symbolic interactionism but would rather view it as a maxim relevant to GT than *the* underpinning philosophy of GT itself.

According to Suddaby (2006), GT was *meant* to be systematized and representative of a particular way of thinking from the outset. Glaser and Strauss conceived of GT because they perceived a lack of systematic guidelines, the application of *a priori* assumptions, and gaps between theory and empirical research in the field of qualitative research (Glaser & Strauss, 1967). Glaser and Strauss (1967) viewed GT as a rejoinder to such matters as it offered researchers practical directions that would permit the rigorous construction of theories relating to social processes from raw data. In short, GT was developed for the purpose of discovering theory that is grounded in data and in response to the lack of robust qualitative investigation as an alternative to a purely positivist approach. GT is characterized by a systematic process of enquiry that engages in a sequence of constant comparative analysis at each stage of the research process in order to generate theory (Benoliel, 2001; Jirojwong et al., 2011). As Glaser (2005) elucidates, GT (although largely applied to qualitative research) stands alone as its own methodology. From the outset, GT has been positioned as a research methodology with a pre-defined process and a clear purpose; that of inductively developing a theory from the data. Irrespective of whether such a process was well articulated in the

1
2
3 infancy of GT, the idea, while fragmented, was nonetheless present and would emerge with
4
5 greater clarity through scholarly dialogue in subsequent years.
6
7

8
9
10 GT can be considered *sui generis* as it stands unique in the faith it places in a systematically
11 applied, clearly defined set of methods to achieve the generation of theory. There is a
12
13 purposive nature to such an approach and grounded theorists view it as crucial to the
14
15 development of theoretical insights and thus, GT (Bryant & Charmaz, 2010). These methods
16
17 have endured because they represent a way of thinking, expressed in the systematic
18
19 application of methods essential to GT itself.
20
21
22

23
24
25 Where grounded theory is unique is that it allows the researcher to position their application
26 of GT methods in line with their philosophy. Ralph, Birks & Chapman (2014) argue that the
27
28 absence of any dominant philosophy in GT is the result of *methodological dynamism*. The
29
30 process they describe is one in which the researcher positions themselves towards GT using
31
32 *contextual awareness, moment formation & contemporaneous interpretation* (Ralph, Birks &
33
34 Chapman, 2014). Researchers interact with the symbols of the world in they live and form
35
36 new ontological and epistemological perspectives towards their area of inquiry and to
37
38 grounded theory methods. Whether or not new philosophies arise and change over time is
39
40 irrelevant. The criteria of a methodology is that it must be characterised by a systematic way
41
42 of thinking and researching, that is expressed in the use of congruous means of inquiry. We
43
44 contend that GT *is* a methodology as it is defined by the systematic application of essential
45
46 methods in the context of congruous ontological and epistemological viewpoints.
47
48
49
50
51
52

53
54 The process of *methodological dynamism* articulates an ongoing process and has well-
55
56 established precedents. For instance, Strauss and Corbin positioned their philosophy to GT in
57
58
59
60

view of the moments of Blurred Genres and the Crisis of Representation that were typified by relativistic postpositivism. This position was evident in that Strauss and Corbin's early work outlines a prescriptive method in order to limit the biases of the researcher and foster a more reflexive approach (Denzin & Lincoln, 2011). Further examples are evident in the ascendancy of the moments of Postmodernism and Postexperimental Inquiry. These periods, characterized by constructivist thought, occurred in the same period when Strauss and Corbin (1994, 1998) and Charmaz (1995, 2000) explored constructivism and its relationship to GT (Birks and Mills, 2011). Charmaz constructed an approach to GT that incorporates positivist methods with a postpositivist approach whilst acknowledging the researcher's position in relation to their study (Charmaz, 2006). Furthermore, Charmaz's focus is implicit of the importance of reflexivity when theory is being developed (Birks and Mills, 2011).

The advantage of the flexibility offered to grounded theory researchers is that it will forever be relevant and contemporaneous as a result of its facility for researchers to use their contextual awareness to witness a moment formation and form a contemporaneous interpretation congruent with GT's essential methods. Who knows what exciting and unknown flux in world events will shift the balances in human thinking sufficient to herald the arrival of new approaches to philosophy? Come what may, the adaptability of GT to new social contexts will undeniably continue on long into the future.

Therefore, in grounded theory at least, a research methodology is the product of the researcher's personal philosophy and the overarching paradigm in which the research is conducted (in GT's case, that paradigm is symbolic interactionism). In most research methodologies, this is obvious, but because GT crosses both the qualitative and quantitative paradigms and brings methods to the fore, the issue of philosophy has been lessened. This

1
2
3 does not mean that GT is not a research methodology (although many people may choose it
4 because they do not have to grapple with philosophy), the paradigmatic philosophy is just
5
6 less evident. As a result, the personal philosophy must fill the gap. It is in these senses, that
7
8 we know grounded theory as a methodology as it ascribed to an established school of thought
9
10 (symbolic interactionism allowing philosophical positioning) that allows a degree of
11
12 interpretive flexibility to the researcher (philosophical expression).
13
14
15
16
17

18 CONCLUSION

19
20 The qualitative paradigm acknowledges the differing perspectives that inform what we know
21
22 of the world. This approach to research is predicated on a philosophical foundation that
23
24 acknowledges the position of the research and the belief system that informs the research
25
26 process. Grounded theory is produced by virtue of the use of a set of essential methods that,
27
28 when employed from the perspective of the researcher's unique philosophical position,
29
30 renders theory that is grounded in the data. Collectively these form a framework that reflect a
31
32 philosophy of grounded theory and thus characterize it as a methodology.
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

REFERENCE LISTBenoliel, J. Q. (2001). Expanding knowledge about women through grounded theory: introduction to the collection. *Health Care Women Int*, 22(1/2), 7-9.

Bryant, A., & Charmaz, K. (2010). *The SAGE handbook of grounded theory / edited by Antony Bryant, Kathy Charmaz*. Los Angeles: SAGE Publications.

Charmaz, K. (2006). *Constructing grounded theory : a practical guide through qualitative analysis / Kathy Charmaz*: London : SAGE, 2006.

Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research* (3rd ed.). Los Angeles: Sage.

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research / edited by Norman K. Denzin, Yvonna S. Lincoln* (4th ed ed.): Thousand Oaks : Sage, c2011.

Eaves, Y. D. (2001). A synthesis technique for grounded theory data analysis. *Journal of Advanced Nursing*, 35(5), 654-663. doi: 10.1046/j.1365-2648.2001.01897.x

Glaser, B. (2005). *The Grounded Theory Perspective III: Theoretical Coding*. Mill Vally, CA: Sociology Press.

Glaser, B. (2010). The Future of Grounded Theory. *Grounded Theory Review*, 9(2), 1-14.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New Brunswick: Transaction.

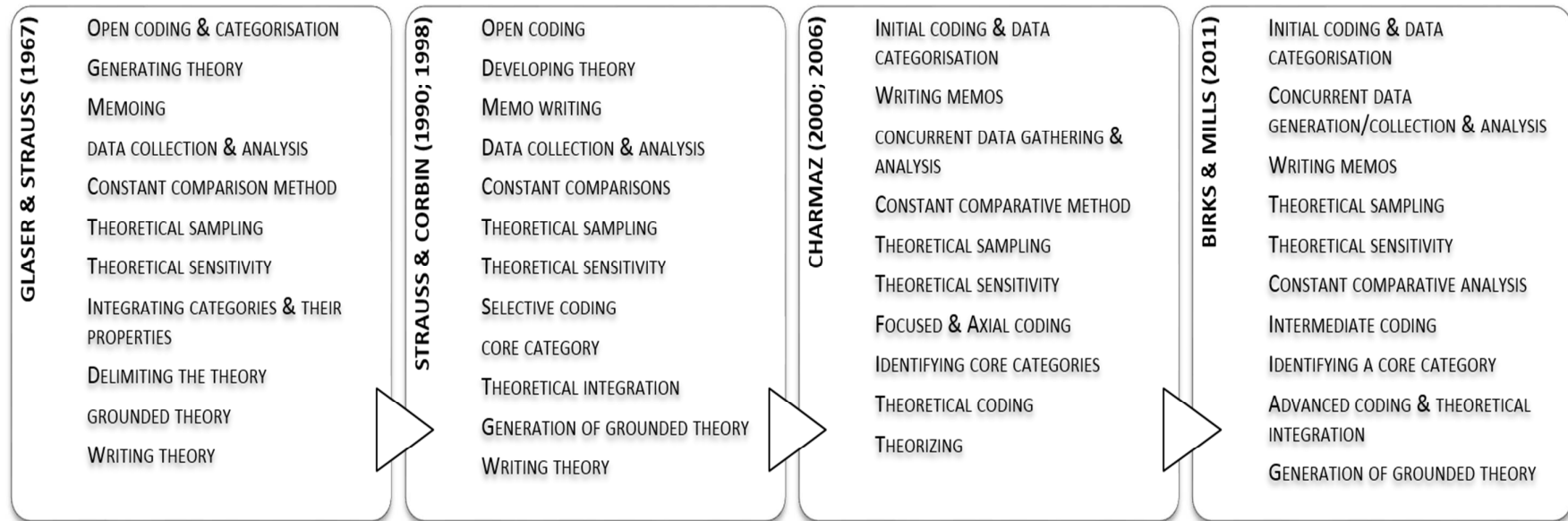
Jirojwong, S., Johnson, M., & Welch, A. J. (2011). *Research methods in nursing and midwifery : pathways to evidence-based practice / edited by Sansnee Jirojwong ; Maree Johnson ; Anthony Welch*: South Melbourne, Vic. : Oxford University Press, 2011.

Schneider, Z. (2003). *Nursing research : methods, critical appraisal and utilisation / Zevia Schneider ... [et al.]* (2nd Edition ed.): Sydney : Mosby Publishers, c2003.

Stevenson, A. (Ed.) (2010) (3rd ed. ed.). New York, NY : Oxford University Press, 2010.

Suddaby, R. (2006). FROM THE EDITORS: WHAT GROUNDED THEORY IS NOT, Editorial, *Academy of Management Journal*, pp. 633-642. Retrieved from <http://ezproxy.cqu.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=heh&AN=22083020&site=ehost-live>

Figure 1. The Essential Methods of Grounded Theory



SUMMARY

The success of any study and the credibility of the results of that research are largely reliant on the choice of a methodology appropriate to the aims of the investigation. Through my exploration of grounded theory methodology in this chapter, I have demonstrated my comprehension of the philosophical underpinnings and methodological principles that characterise it as an approach to research suitable for investigation of the phenomenon under study. My intention in doing so was to instil confidence in the reader of the validity of this approach in guiding processes and producing credible outcomes from the research described in this thesis. In the following chapter, I discuss *how* my understanding of the philosophical and foundational principles of grounded theory methodology has informed my utilisation of methods employed in this research.

CHAPTER FOUR

Grounded Theory in Context

INTRODUCTION

Each researcher collects and generates data with the ever present thought of making a substantial contribution to the evidence base. However, contributing to the development of how grounded theory methods are used is of equal importance if general approaches to research are to improve over time. The field of qualitative research often provides the researcher with the opportunity to further the use of methods inherent to a particular methodology or paradigm of research. In this chapter, I detail the design of this study and explicate how I have integrated the use of extant data such as documents throughout this study.

Chapter Contents

This chapter contains two papers, the first is in press and the second is presently under review:

Ralph, N., Birks, M., Chapman Y. & Cross, W. (in press). Doing grounded theory: Experiences from a study on designing undergraduate nursing curricula in Australia. *New Developments in Nursing Education Research*, Nova Publications (publication due late 2014).

This paper discusses the approach taken in the study design and addresses the complexities that arose during the process of conducting research. Issues such as philosophically positioning the researcher in a grounded theory study; planning the research process; ensuring quality processes in research; analysing data; and integrating and presenting the theory are discussed and explained in the context of the study.

Ralph, N., Birks, M. & Chapman Y. (under review). Contextual Positioning: Using documents as extant data in a grounded theory study. *SAGE Open* (submitted April 2013).

This paper acknowledges the difference between data generation and data collection and aims to offer a strategy through the use of contextual positioning that enhances the reflexivity of the researcher towards lesser used sources of data such as documents in order to posit the use of documents more accurately prior to analysis. In May 2014, it was presented at the *International Congress of Qualitative Inquiry* under the presentation ***“Textual healing: Positioning documents in grounded theory research”***.

PART B: Declaration for Thesis Chapter

Monash University

Declaration for Thesis Chapter 4

Declaration by candidate

In the case of Chapter 4, the nature and extent of my contribution to the work was the following:

Nature of contribution	Extent of contribution (%)
<ul style="list-style-type: none">• Concept development, key ideas, development and writing up (Doing Grounded Theory: Experiences from a study on designing undergraduate nursing curricula in Australia)	90%
<ul style="list-style-type: none">• Concept development, key ideas, development and writing up (Contextual positioning: Using documents as extant data in grounded theory research)	80%

The following co-authors contributed to the work. If co-authors are students at Monash University, the extent of their contribution in percentage terms must be stated:

Name	Nature of contribution	Extent of contribution (%) for student co-authors only
Professor Melanie Birks	Concept development, key ideas, development and proofing	
Professor Ysanne Chapman	Concept development, key ideas, development and proofing	
Professor Wendy Cross	Concept development, key ideas, development and proofing	

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the candidate's and co-authors' contributions to this work*.

Candidate's Signature		Date 28.06.2014
-----------------------	---	--------------------

Main Supervisor's Signature		Date 14.7.14
-----------------------------	--	-----------------

*Note: Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

Doing Grounded Theory: Experiences from a study on designing undergraduate nursing curricula in Australia

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

**Submitted to: *New Developments in Nursing Education
Research***

Status: In Press

<i>New Developments in Nursing Education Research</i>
NOVA PUBLICATIONS STATUS: IN PRESS SUBMITTED: JULY 7, 2014

**DOING GROUNDED THEORY: Experiences from a study on designing undergraduate nursing
curricula in Australia**

Nicholas Ralph, *RN, BN, MClinPrac with Distinction*
PhD Candidate
School of Nursing and Midwifery
Monash University
Melbourne, Australia

██████████ (Corresponding author)

Professor Melanie Birks, *RN, PhD, MEd, BN, FACN*
Head, Nursing, Midwifery and Nutrition
College of Healthcare Sciences
James Cook University
Townsville, Australia

Professor Ysanne Chapman *RN, PhD, MSc(Hons), BEd(Nsg), GDE, DNE, DRM, MACN*
Adjunct Professor
School of Nursing and Midwifery
Monash University
Melbourne, Victoria

Professor Wendy Cross *PhD MEd BAppsSc(AdvNsg) RN RPN FRCNA FACMHN*
Head of School, Nursing and Midwifery
Monash University
Melbourne, Victoria

ABSTRACT

This chapter discusses processes used in undertaking a grounded theory study on designing undergraduate nursing curricula in the context of national accreditation requirements. The authors report on the experiences of undertaking this research and in so doing, address important issues such as philosophically positioning the researcher in a grounded theory study; planning the research process; ensuring quality processes in research; analysing data; and integrating and presenting the theory. Although grounded theory may demand the systematic application of methods, each research process is unique and sharing such experiences offers potential solutions to researchers approaching a substantive area of inquiry who intend to use it as a methodology. The chapter is presented from the perspective of the lead investigator (NR) and describes his experiences in undertaking this study for his doctoral research.

INTRODUCTION

A strong study design is essential to ensuring that the objectives of a research study are meaningfully achieved. As grounded theory (GT) is an emergent methodology, the direction of the research process must be clearly justified by the researcher in order to establish that the methodology has been systematically applied in a manner congruent with GT's essential methods. In this paper, I address the steps taken in the planning and implementation of this doctoral study. I explore how I ensured the use of quality processes and offer insights into how I positioned myself in relation to this research. My approach to generation and collection of data is examined in concert with the approach I used in analysis. The integration of my theory using storyline and theoretical coding is explained, along with the implications this process had for presenting my final theory. Finally, I discuss the evaluation of my work to ensure that it produced an explanatory theory, grounded in the data.

EXPLORING THE STUDY DESIGN

In the following section, I address the application of the essential GT methods in this research through a detailed discussion of the study design using an adaptation of the framework provided by Birks and Mills (2011) (Box 1). Systematically examining each phase of this research using this framework provides a roadmap that describes the process by which the GT was developed.

Box 1: Elements of study

Discovering the essentials of grounded theory

Planning a grounded theory study

Ensuring quality processes in my research

Positioning myself in the study

Generating and collecting data

Analysing the data

Integrating the theory

Presenting a grounded theory

Evaluating the grounded theory

DISCOVERING THE ESSENTIALS OF GROUNDED THEORY

My first exposure to GT as a methodological concept was during my enrolment as a Master of Nursing student. Of all the “qualitative” methodologies, it appealed to my quasi-positivistic tendencies as I appreciated the systematicity of its methods and its emphasis on explaining a process more than exploring an experience. As the prospect of further study loomed, I began to

pay more attention to the nature of research methodologies and how they might be of relevance to my doctoral studies.

Early in my doctoral studies, I purposively moved towards conceptualising an area of study with an emphasis on defining the research question. While a broad area of wonderment is favoured in GT ahead of a research question, the latter is usually included to satisfy the formal requirements of ethics committees (Birks & Mills, 2011). The question I initially arrived at to guide my approach was *“how are accreditation standards interpreted in designing undergraduate pre-registration nursing curricula in Australia?”* In turning to the literature, I read that GT methodology is appropriate if little is known about a subject area; where a theory with explanatory power is needed; and when the research can uncover a process inherent to the area being investigated (Birks & Mills, 2011; Bryant & Charmaz, 2007; Glaser & Strauss, 1967). As a result, GT was embraced as the research methodology for use in my doctoral studies.

As a black-and-white thinker, my research mind gravitates towards quantitative approaches in research. The prospect of providing a definitive answer to a specific question still appeals to me as much as it eludes me. However, my occupation with improving the relevance of undergraduate nursing education led me to realize that a quantitative approach to my research question would not yield the answers I sought. Becoming more open to a qualitative approach led to extensive conversations with supervisors and colleagues around my ontological and epistemological perspectives, which further drew me to the systematicity of GT and its aim of producing an explanatory theory from the data.

PLANNING A GROUNDED THEORY STUDY

Planning a study on how undergraduate nursing curricula were designed in the context of a national accreditation scheme was ultimately straightforward, despite moments of trepidation in the early phases of embarking on the research process. As a priority, my supervisors encouraged me to not only articulate my assumptions about undergraduate nursing education in Australia but actively question whether they could be substantiated. I articulated several controversial assumptions I held at the commencement of my doctoral studies that were informed by my undergraduate experience:

- Undergraduate nursing education increasingly lacks broad relevance to the predominant setting in which most Registered Nurses work (medical-surgical hospital based care)
- There are too many “soft” subjects in nursing curricula and their transference to the bedside is difficult to ascertain
- The quality of students accepted into baccalaureate programs is an ongoing issue and stronger prerequisites should be introduced as part of the admission requirements
- Many academics are distanced from the clinical setting and do not effectively engage with industry to facilitate quality educational outcomes.

Most of my assumptions were driven by my own perceptions of the baccalaureate nursing degree I graduate from in 2005. Despite graduating with a high grade point average, my experiences were profoundly negative and I felt distinctly under prepared for the clinical setting. My transition into the critical care environment and then to trauma and transplant surgery highlighted a level of professionalism, expertise and attention to detail by which I was deeply impressed. I began to undertake additional work in a wide array of clinical environments

such as aged care, paediatrics, community, medical-surgical nursing and intensive care. I relished the diversity of challenges that confronted me and with it, the opportunity to share knowledge with the students with whom I was often “buddied”. Over the course of time my observations from a wide-variety of clinical experiences and my early foray into formal education highlighted to me that the nursing profession informed my doubts over whether the current approach to undergraduate nursing education was optimal. As I prepared to embark on a research study exploring undergraduate nursing curriculum design in the context of national accreditation, I began to actively question, reframe and in some cases discard these assumptions until I reached a point where I realized that a broader purview of the issues I felt strongly about was required if I was to make a meaningful contribution to improving the quality of nursing education.

In planning this study, I identified two priorities: coming to grips with the methodology and understanding more about the broad area of inquiry into which I was delving. In addressing these priorities, I built an extensive library of seminal GT texts and a significant EndNote folder with hundreds of publications on GT methodology. During this time, I noticed an evident philosophical positioning inherent to GT and wrote about the methodological dynamism that characterises GT and addressed the issue of whether it is a methodology or method in response to these early conceptions. I also began working on my confirmation of candidature documentation in order to establish a clear entry point into the substantive area of enquiry. At this time I submitted an application to the human research ethics committee to obtain approval to commence data generation. The plan was to purposively sample curriculum designers and conduct open-ended interviews to identify salient perspectives relevant to the study. It occurred to me after I wrote the ethics application that were someone to ask why I interviewed

curriculum designers before examining accreditation documents or indeed the accreditation standards, my answer would be constructed with hesitation. I returned to the guiding research question in order to frame my thinking. As the question was: “how are undergraduate pre-registration nursing curricula designed...” I surmised that it made sense to purposively sample those who were in a position to contribute meaningfully to the study. Registered Nurses who had been involved in the design of a baccalaureate curriculum under ANMAC standards since 2010 were therefore initially purposively sampled in the early phases of the research.

Theoretical sampling was an instrumental method in the context of conducting this study. Theoretical sampling relates to a process in which the researcher decides what data to collect next and where to find them, as directed by the developing theory (Birks & Mills, 2011). It is the intellectual compass of the methodology itself. Nevertheless, my conceptualisation of theoretical sampling was not couched in the belief of ‘seek and ye shall find’. Rather, in order to establish a clear understanding of GT, I adopted the perspective that the grounded theorist must pose pertinent and incisive questions of the data if they are to be cognisant of what is going on (Glaser & Strauss, 1967). Such ‘scoping’ can illuminate the dimensions and properties of a category under development (Glaser, 1978). According to Bryant and Charmaz (2007), in theoretical sampling the researcher seeks people, events and information to illuminate and define boundaries, explore the relevance of categories and develop theory. Theoretical sampling is also an exploration of possibilities facilitated by identifying and integrating new sources of data relevant to the theory. I began to appreciate that being theoretically sensitive and reflexive to the data and its possibilities was a pivotal element in ensuring that theoretical sampling was used appropriately as an essential method in GT.

Using theoretical sampling, a number of data sources were given consideration. For example, as participants articulated the influence of accreditation managers in informing the process of curriculum design, these individuals were invited to participate in the study. A total of thirteen interviews were conducted that included participants from all states and territories in Australia where a curriculum had been accredited under the original accreditation standards. Ten of these participants oversaw the design of undergraduate curricula and facilitated the submission of a program for accreditation, while three were ANMAC accreditation managers from a total pool of nine. The high response rates to this study were strongly welcomed as was the fact that only five of the eighteen programs known to be accredited at the time of data collection (early 2013) were not included in the study.

As the study progressed, the developing theory was becoming more evident and it was noted during constant comparative analysis that educational institutions had a significant impact on curriculum design in the context of national accreditation. Further data were therefore sourced in the form of fourteen documents (discussed in the following sections) that contained material of relevance to my developing theory.

ENSURING QUALITY PROCESSES IN MY RESEARCH

The process of ensuring quality throughout the research study was undertaken in careful consultation with the literature and with my supervisors. While I considered myself to be an experienced clinician, an experienced project manager and a strong academic writer, the difficulty of developing a quick working knowledge of the methodology left me concerned as to whether I was “doing it right”.

Principally, memoing was used to facilitate quality processes throughout the study. While conventional memoing commonly takes the form of written notes or word-processed documents (Glaser & Strauss, 1967), I also included extensive email correspondence between my supervisors and I in order to increase the deposits of intellectual capital in the bank (Clarke, 2005). At times, undertaking a doctoral study was an isolating experience and I initially struggled with the solitary nature of memoing, as it seemed to be a self-indulgent exercise. Ultimately, memoing my thoughts and sending them to my supervisors provided both an audit trail and stimulus for discussion at our regular supervisory meetings. As the analysis progressed, I began to increasingly rely on memos to form conceptualizations about the data. Towards the latter stages of the process, a memo on the mention of McDonald's by a participant spawned a series of thoughts that ultimately led to the identification of McDonaldization theory as the theoretical code that enabled me to explain my GT. In view of this point, I am convinced that the intellectual capital that Clarke (2005) speaks of is the engine room of GT. As the masses of data increases, they fuel intellectualizing about the theory so that relationships evident in the data are conceived in such a way as to produce a truly GT.

POSITIONING MYSELF IN THE STUDY

Positioning myself towards the methodology requires an understanding of one's own ontological (the nature of being) and epistemological (the nature of knowing) perspectives (Denzin & Lincoln, 2011). Collectively, they denote a philosophical stance in which the nature of knowledge, reality and being is expressed in terms of perspective and practice. In GT, philosophical perspectives have changed over time from the postpositivism of Glaser and Strauss (1967), to the symbolic interactionist roots of Strauss and Corbin (1990), through to the constructivism of Charmaz (2000; 2006). Arguably, the field of GT methodology is distinctive in

the sense that new philosophical perspectives are brought to bear and impact on methodological development over the course of time.

Since the publication of *The Discovery of Grounded Theory* (Glaser and Strauss) in 1967, subsequent generations of grounded theorists have contributed to its development as a methodology. In the case of Strauss and Corbin (1990) and later Charmaz (2006), reinterpretations of GT methodology have attracted a considerable following. While I enjoyed reading the ripostes between those loyal to Glaserian, Straussian or constructivist schools of thought, I avoided entering the debate inherent to some corners of GT, in favour of keeping an open mind to the merits of GT methodology. My stance was confirmed after reading the advice of Anells (1997) and Birks and Mills (2011) who appeared to adopt neutral perspectives to GT, choosing rather to emphasise the value of one's own philosophy and its impact on the methodology. My initial attraction to GT was never on the basis of Glaserian, Straussian or constructivist schools of thought; rather, it was the notion that a systematic approach to qualitative research could be employed to produce an explanatory theory grounded in the data.

Philosophically, I recognised the need to consider my ontological and epistemological leanings (Birks & Mills, 2011) and its impact on my approach to research in the context of using GT methodology. In questioning my philosophical position, I identified that I was driven by the belief that a reality *can* be apprehended using justifiable approaches to research in terms of their practical application. Such a position posits me as a critical realist with pragmatist tendencies (Archer, 2013; Corbin & Strauss, 2008). To this end, I am not a strict Glaserian, Straussian or constructivist thinker; simply, I am a grounded theorist. I strongly value the perspectives that each interpretation brings to bear in the name of methodological

development such as Glaser’s emphases on theoretical sensitivity and constant comparative analysis (Glaser, 1978; 1992). I also value Charmaz’s (2006) approach to initial and focused coding; Strauss and Corbin’s (1990) advice on theoretical sampling, and Birks and Mills’ (2011) perspective on theoretical coding.

All things considered, I prioritise the belief that a GT study is defined by its use of the essential methods as each generation and all genres of GT though have collectively embraced them with little debate as to their value across the generations of methodological development (see Figure 1). The use of essential methods can be shaped by a clearly defined philosophical framework and systematically applied to produce a theory grounded in the data.

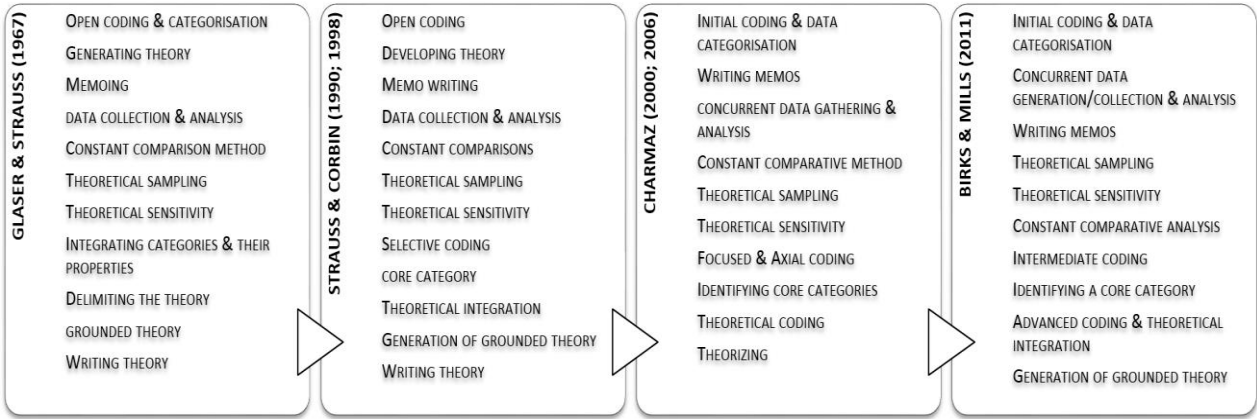


Figure 1. Grounded theory’s essential methods

My stance concerning philosophical positioning is that GT is methodologically dynamic because generations of researchers contemporaneously interact with their context to form moments in which new interpretations of grounded theory arise and prevailing and personal philosophical perspectives are translated into products of research.

GENERATING AND COLLECTING DATA

In the generation and collection of data, I relied heavily on recorded interviews in the first instance. I use the term data generation in relation to interviewing as it denotes the undeniable influences present in any human interaction such as an interview (Birks & Mills, 2011) as opposed to data collection, which describes gathering something that is already there. The interviews were conducted using a line of inquiry that would allow the interviewee time to acclimate to the context. Open-ended questioning was used with prompts such as:

- Tell me about how your nursing curriculum was designed and the role that accreditation played in its development?
- What resources did you employ throughout the process?
- Did the final product differ from your original vision and if so, how?
- What advice might you give to someone else about to embark on the process?

Beyond these prompts, minimal structure was imposed on each interview as I was determined to allow the interview to proceed in response to what the participant had to offer.

As GT is an emergent methodology (Birks & Mills, 2010), each step in the process was considered and discussed at regular supervisory meetings. Early in the process of data generation through interviews I noted through the use of memoing that a pattern began to emerge. For instance in interview 1, a memo recorded these first moments of theoretical sensitivity in which I began to note data that seemed more relevant than other segments (Memo – December 12, 2013):

Although this is only the first interview, I found it very interesting – and quite surprising – that the process of curriculum design seemed to be centred on the competing interests

of staff and other factors rather than andragogy etc. The university seemed a nightmarish process that was centred more on pacifying people and compromising on curriculum design than it seemed to be on patient focus. The oddly ironic point was that their curriculum was guided by a person centred approach to care and yet everyone was hell bent on giving their specialty pride of place.

By the third interview, my memoing had captured an audit trail that registered my surprise with the issues addressed by the interviewees (Memo – March 11, 2013).

I am noticing something really unusual. I am asking experienced academics about how they designed curricula and what I am getting back from them feels like they are debriefing with me. It's very odd to say the least that they are constantly referring to conflict throughout the process and this imposition of bias that all interviewees seemed to be wound up about. If I was asking them leading questions, I might be able to explain it but there is certainly something here that I need to investigate further.

While I was initially surprised that participants were addressing a range of issues that seemed to – on the surface – be separate to the process I was researching, I began to note a thread that started early and carried through the process of data generation even though I used the same open-ended questions to prompt participants. Using Bryant and Charmaz (2007) as a reference point, I questioned whether I was acting on bias or identifying relevant data and soon began to articulate my understanding of theoretical sensitivity in the early phases of research.

Throughout, those early insights into what was going on were constantly compared and refined or re-categorised as data analysis continued.

As described previously, theoretical sampling in response to what was being generated in the interviews led the analysis through further interviews and ultimately to the collection and analysis of data from extant sources such as documents (see Figure 2). These documents contained feedback from education providers in response to a review of accreditation arrangements conducted by the national nursing authority. Fourteen documents were incorporated in the data set for the study. At first, analysing these documents seemed quite dull in comparison to the interviews and spurred me towards develop a way of working with extant data that facilitated the development of context in such a way that the researcher would be better prepared at the point of analysis. The article, *Contextual positioning: Using documents as extant data in grounded theory research* outlines the approach I developed for asking questions of a document to establish context for its analysis. Such an approach was required with the nursing authority documents I was working with as they were filled with statements that were divorced from the context in which they were made and thus further investigation was required in order to establish their true meaning. This process renewed my theoretical sensitivity to the extant data and forced me to go back and recode these documents to ensure that my approach was congruent with the meaning intended.

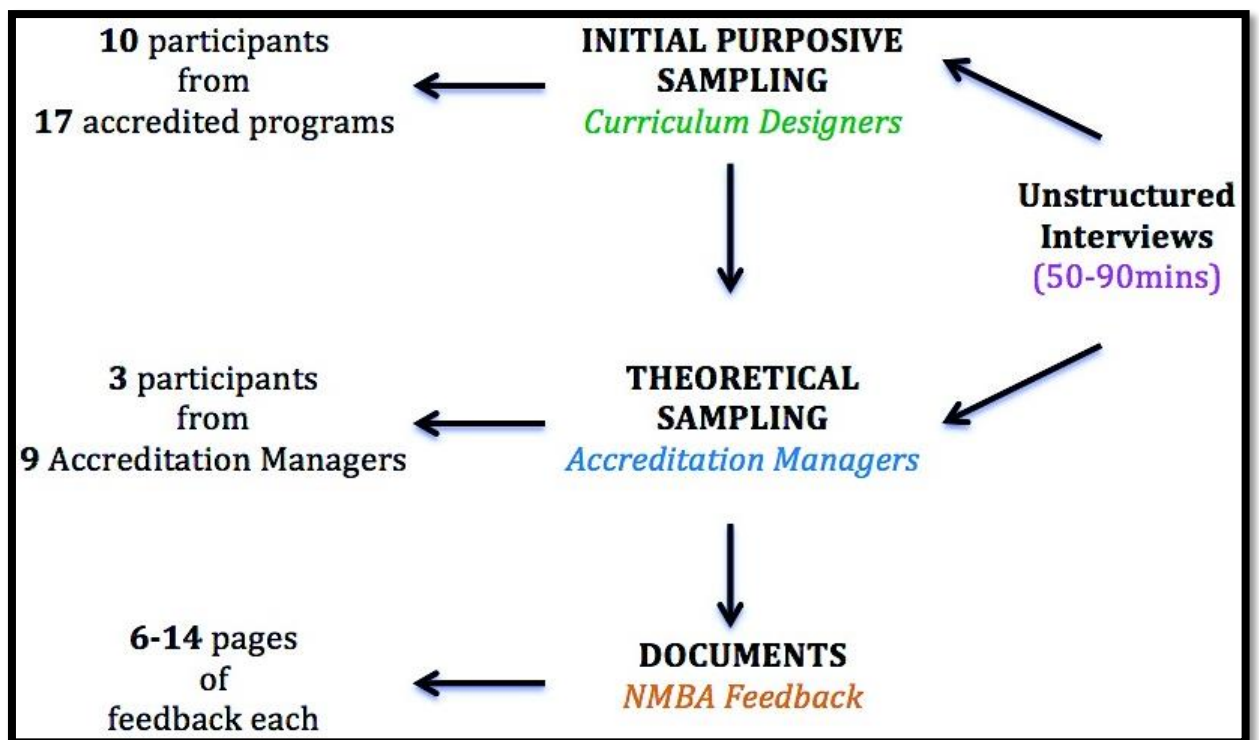


Figure 2. Data generation and collection

ANALYSING THE DATA

As an analytical thinker, I looked forward to the data analysis phase more than any other. I was always enthused about the prospect of making sense of it all, although at times it was difficult to wait for the end product to be revealed. Working quickly with the data was central to my approach – although never at the expense of quality. If slow periods were needed, they were taken, but I appreciated the speed of analysis, as there was something special about being thoroughly consumed by the synapsing happening in the mind and its expression on paper.

As the study progressed and the amount of data to be analysed increased, I began to slow dramatically in order to take stock of the quality of the analysis. I found myself questioning whether the data was telling me something new (theoretical sensitivity); whether it was directing me somewhere (theoretical sampling); whether I had already identified it but hitherto

had forgotten (memoing); or whether I still had work to do in making sense of it all (constant comparative analysis). Nevertheless, each piece of data either confirmed or added a different dimension to pre-existing data. In the latter stages of data collection and analysis, I began to discern that the developing theory was starting to make sense about the process of designing curricula in the context of national accreditation. I consulted with my supervisors and began early attempts at writing a storyline in order to evaluate gaps in the analysis – a technique recommended by Birks and Mills (2011).

I also followed the example of Birks, Chapman and Francis (2006) in the use of definitional statements that expounded the meaning and dimensions of the codes and categories as they developed. I found this publication to be an invaluable tool in analysis as it created a benchmark for meaning as the work progressed. Throughout the course of the study, these definitional statements were used as the foundations for analytical insights into the relationships and patterns that were becoming evident in the data. As I gained confidence in the process of data collection and analysis, I began to understand that as a result of its systematicity, GT is a self-correcting methodology as any concept that was relevant to the developing theory remained, while those that were not gradually self-extinguished.

My realisation that GT was self-correcting in nature was driven by my increasing understanding of and experience with the process of initial and focused coding (Charmaz, 2006). The methods of theoretical sensitivity and constant comparative analysis drew me to approach the data in ways that saw the “shape” of the coding change constantly as my analysis progressed. Initial coding was tremendously useful in fracturing the data although at first glance, all I thought I had created was a series of seemingly disconnected codes and categories that did not make a

great deal of sense. As more interviews were completed and transcripts were analysed, categories began to develop. I felt that I was aware of the pervading sense of what was going on and began to endeavour to make more sense of the data. In the final stages of focused coding, the relationship between the codes and categories were increasingly clarified and led to identifying a core category that was strongly indicative of the theory – a requisite expectation for a core category (Birks & Mills, 2011).

Soon after the identification of the core category, analysis approached theoretical saturation. Theoretical saturation is when no new codes are identified in the later stages of data collection and generation. Theoretical saturation is recognisable when a certain category or categories are developed to the point where the properties and dimensions of sub-categories are clearly explained in the broader context of the developing theory (Birks & Mills, 2011; Glaser & Strauss, 1967). To confirm that theoretical saturation had been reached in my analysis, two interviews that were already scheduled were conducted, and the transcripts were analysed along with the remainder of the nursing authority documents. While Morse (1995) argues that grounded theorists can cease data collection when enough data is available to build a comprehensive and convincing theory, Birks and Mills (2011) argue that theoretical saturation is clearly evident when further data collection or generation fails to add to the developing theory. In this case, collecting further data beyond where the prospect of theoretical saturation becomes evident has demonstrated confirmatory value through the process of constant comparative analysis.

INTEGRATING THE THEORY

As an essential method, the use of theoretical coding in the process of theoretical integration has always sat awkwardly with me as a sort of “middle child” amongst GT’s essential methods because it bridges the researcher’s first born (substantive codes and categories) and their last child (a written, accessible grounded theory) in the study. Its awkward position is in some part because of its name, for despite what “theoretical coding” may imply, it is not simply an extension of initial and focused coding, nor is it the mere integration of theory (literature) to support findings. To approach it as a coding exercise or as a simple integration of literature may result in forcing the theory or simply inserting literature, perhaps even arbitrarily, to ‘prove’ one’s findings.

According to Glaser (1978) theoretical coding is a method that conceptualizes how substantive codes relate to each other as hypotheses to be integrated into a theory. Thus, theoretical coding comes *after* the substantive coding process as it is both forceful and presumptive to conceptualise relationships before they are formed in the data. For this reason, the use of storyline is valuable to simplifying theoretical integration as it allows the researcher to explicate relationships in the data, free from the influence of external concepts or patterns that could otherwise be introduced through the premature use of theoretical coding (Birks et al., 2009).

If a researcher reaches the point of theoretical integration and merely inserts salient literature to support their findings, they are not using theoretical coding nor making the leap from the *empirical* to the *theoretical*. It seems to be forgotten by many a grounded theorist that their role squarely places them as primary producers of theory. Therefore, a clear distinction between one’s *findings* and one *explaining their findings* must be made – through the use of

theoretical coding – to produce a theory grounded in the data. The use of a theoretical code ensures that a theory is inherently “grounded” as it elevates the researcher above the mere reporting of findings to a position where they are actually theorizing based on a model that relates to their data. In my experience, theoretical coding enabled me to move my core category to the theory of “The McDonaldization of Nursing Education in Australia”. The use of theoretical coding in the integration of my theory allowed me to hypothesize about what was going on, and in doing so moved beyond discipline-specific data to something that is explainable to a broader readership.

It is therefore my position that one cannot produce a GT without theoretical coding. While it may often be difficult to find a theoretical code, it is the glue between the cracks that locks the complete picture together in a way that is recognisable to others. A true theoretical code provides the bridge between empirical and theoretical, whilst still respecting all the data by offering a way to explain connections and conceptualize relationships across the core category, categories and their properties. Therefore, theoretical coding - the poorly understood, awkward middle child – allows the product of GT’s essential methods to be presented as a continuous “genetic” line, connecting the empirical with the theoretical.

PRESENTING A GROUNDED THEORY

The presentation of my theory was driven by the use of storyline as advocated by Birks and Mills (2011). Bridging the analytical gaps by narrating the developing theory was a valuable approach in identifying the major categories while helping me to establish the substantive theory that defined the concepts revealed in the data. While the initial plan was to publish the storyline in segments, the richness of the data forced a change in priorities in which an

overview of the storyline was presented as an article for publication, with the full narrative of each phase presented in subsequent section of this thesis.

The presentation of findings proved a largely straightforward process. In some instances, however, editing participant quotations was necessary to ensure that spoken language was coherent and meaning was apparent. The need to edit some quotations through the removal of 'um's and 'ahs' in order to more clearly present the data stood in contrast to the "cleanness" of extant data. In some instances, editing was required as strong language was used by many of the participants to describe their experiences and perceptions of curriculum design in the context of accreditation. A search of the literature provided little guidance in how qualitative researchers should handle the frequent use of strong language with a solitary article by Corden and Sainsbury (2006) advising that the researcher should explain and justify their approach to including or excluding such language in the presentation of research data. In view of this recommendation, strong language where used was removed and replaced with "[expletive]" when transcribing the data and the resultant product checked for coherence. In most instances, the insertion of strong language was not frequent enough to impact on the coding segments of data. In two particular interviews, however, the language was so strong and frequent that it became difficult to make sense of the data. Despite encouraging both participants to refrain from using strong language in order to enable their experiences to be clearly articulated in public forums, this interviewing tactic often proved to be futile. In both instances, key parts of data were affected by the frequent use of strong language – particularly when referring to contexts where conflict or bias was evident. While the following is an extreme example, it highlights the unusual level of feeling that was evident in the process.

P11: Those [expletive] can get [expletive] as they [expletive] ruined my [expletive] life...18 months of [expletive]. Sorry for swearing [Pause]. I'm sorry. I'm...um.

Nick: I understand you're angry. Would you like to take a minute for yourself?

P11: Sorry, it's not easy [expletive] thinking about it...I had to leave where I [expletive] loved, you know, I loved it, but I had to leave just to get away from those [expletive] you know.

Nick: Yeah, I understand...just bear in mind that if you want the story to get out, try to tone down the swearing as I can't publish this sort of stuff you know!

P11: Yeah [laughs]. Sorry, they just make me so angry!

Nick: Take your time, I understand that this might affect you

P: Oh yeah, not all.... [Pause]...it's those [expletive] mental health nurses. They're all [expletive] in the head. That's why they got into the [expletive] specialty in the first place. You have no idea how [expletive] up they are. They just [expletive] around with people's heads and lives. They knew they were [expletive] in the head so they had to [expletive] study psycho bull [expletive] to figure out why they were so [expletive] up. I [expletive] hate them. They do absolutely [expletive] all. I mean, what, just what the [expletive] do they do? Therapeutic communication my [expletive]. If they save one cent more than they cost I will eat humble [expletive] pie until it becomes the only thing I [expletive].

Nevertheless, most participants regained composure enough to articulate the issues present and illuminate what was really going on in the contexts they had experienced.

EVALUATING THE GROUNDED THEORY

The quality of GT studies is frequently addressed in the literature as is the criteria used to evaluate the methodological appropriateness of the research conducted (Wilson & Hutchinson 1996; Benoliel 1996; Becker 1993). To evaluate my theory, I used established criteria that were supported by a broad base of literature. To this end, I selected Glaser's (1978) four criteria (fit, work, relevance and modifiability) that a GT study must fulfil in order to promote trust between the reader of the theory and the generated theory itself.

A key undertaking in the development of my final theory was providing an abstract of the findings and recommendations to participants. The response I received from participants was encouraging as one participant remarked, *"I think you have integrated your theory very well, with the result that I felt it has strong fit and grab"*. Glaser's (2007) idea of "fit" denotes a theory that is representative of the data and "grab" as a measure of its ability to capture the attention of the reader as they understand the idea (Glaser, 1978). By taking an abstract of the data back to the participants, I was provided with feedback that strongly indicated that they understood the essence of what I had presented to them and that it resonated with them. A representative quote of the responses I received was neatly articulated by one participant who said *"I read this with great interest as it made me realise that my experiences with curriculum development were not isolated"*.

By approaching participants with an abstracted theory, the study design allowed for the generators of that theory to be the first readers of it. Returning the products of research to participants in this way is useful to identify weaknesses in the theory and establish whether it has fit, grab and resonance and is truly grounded in the data. This process was used as a further

phase of data collection, rather than as a member-checking exercise. In GT, member checking is not necessary as it is subsumed by the constant comparative method (Birks & Mills, 2011). In this instance, the credibility of the GT developed from this research was established through approaching participants for input in the later stages of the research process. Glaser's (1978) criteria were effective in demonstrating that my theory was grounded in the data, was broadly applicable to a variety of different discipline specific contexts; had explanatory and predictive power; and had met the aims of my study.

CONCLUSION

In this chapter, we have examined the experience of using GT using the framework provided by Birks and Mills (2011). Applying this methodology presented many unique questions that needed to be answered with a care and cognisance of GT's essential methods. The application of essential GT methods, while not strictly adhering to any on GT established proponents, was done so from the perspective of the lead investigator's philosophical position towards GT. While an arduous process at times, the rich explanatory power that grounded theory offers is highly valuable to the substantive area that the researcher is investigating.

REFERENCE LIST

Annells, M. (1997). Grounded theory method, part II: Options for users of the method. *Nursing Inquiry*, 4(3), 176-180.

Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (Eds.). (2013). *Critical realism: Essential readings*. London. Routledge.

Becker, P. H. (1993). Common pitfalls in published grounded theory research. *Qualitative Health Research*, 3(2), 254-260.

Benoliel, J. Q. (1996). Grounded theory and nursing knowledge. *Qualitative Health Research*, 6(3), 406-428.

Birks, M., Chapman, Y. & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75.

Birks, M., Mills, J., Francis, K. & Chapman, Y. (2009). A thousand words paint a picture: The use of storyline in grounded theory research. *Journal of Research in Nursing*, 14(5), 405-417.

Birks, M. & Mills, J. (2011). *Grounded theory: A practical guide*. California. Sage Publications.

Bryant, A. & Charmaz, K. (Eds.). (2007). *The Sage handbook of GT*. California. Sage.

Bryant, A. & Charmaz, K. (Eds.). (2010). *The Sage handbook of grounded theory*. California. Sage.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. California, Pine Forge Press.

Charmaz, K. (2008). Constructionism and the grounded theory method. *Handbook of constructionist research*, 397-412.

Corbin, J. & Strauss, A. (Eds.). (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. California, Sage.

Corden, A. & Sainsbury, R. (2005). *The Impact of Verbatim Quotations on Research Users: Qualitative Exploration*. California, University of York.

Denzin, N. & Lincoln, Y. (Eds.). (2011). *The SAGE handbook of qualitative research*. California. Sage.

Glaser, B. (1992). *Emergence vs forcing: Basics of grounded theory analysis*. California. Sociology Press.

Glaser, B. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory* (Vol. 2). Mill Valley, CA: Sociology Press.

Glaser, B., & Strauss, A. (1967). *The Discovery of grounded theory: Strategies for Qualitative Research*. California. Aldine Transation Publishers

Hayes, D., & Wynyard, R. (Eds.). (2006). *The McDonaldization of higher education*. Los Angeles. IAP.

Herdman, E. A. (2004). Nursing in a post-emotional society. *Nursing Philosophy*,5(2), 95-103.

Strauss, A. L., & Corbin, J. (1990). *Basics of Qualitative Research: Grounded theory Procedures and Applications*. California. Sage

Wilson, H. S., & Hutchinson, S. A. (1996). Methodologic mistakes in grounded theory. *Nursing research*, 45(2), 122-124.

CONTEXTUAL POSITIONING: USING DOCUMENTS AS EXTANT DATA IN GROUNDED THEORY

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Submitted to: SAGE Open

Status: Under review

Contextual Positioning: Using Documents as Extant Data in Grounded Theory Research

SAGE Open
July–September 2014: 1–7
© The Author(s) 2014
DOI: 10.1177/2158244014552425
sgo.sagepub.com


Nicholas Ralph¹, Melanie Birks², and
Ysanne Chapman¹

Abstract

The use of documents as a source of extant data is relatively common in grounded theory (GT) research. While GT promotes the dictum “all is data,” finding consistent commentary on how to use documents as data is difficult, especially among seminal works. The need to be aware of the context of extant data is a vital step prior to commencing analysis, especially in view of the lack of physical interaction between the researcher and that data. *Contextual positioning* is proposed as a tool that can be used to prepare extant data for analysis. *Contextual positioning* enhances the interactivity of the data collection process and positions the researcher before the document in a more reflexive manner. A model of *contextual positioning* is presented in this article to assist researchers in positioning extant data (such as documents) more reflexively. A concrete example of the use of this method is outlined to promote understanding of the value of this process.

Keywords

documents, extant data, grounded theory, qualitative research, reflexivity

Introduction

The sheer number and variety of documents available offers the grounded theorist an abundance of data that can aid in building a grounded theory (GT). Despite the wealth of potential data sources to be found in documents, the positioning of such data in GT research has not been explicated in great detail. In this article, we explore the position of documents in a GT study and propose the process of *contextual positioning*. *Contextual positioning* enables the researcher to position extant data in their study with greater reflexivity through an enhanced awareness of the context from which the source of data is sourced and the one in which it exists.

Documents as Data in GT Research

Defining Data Sources in GT Research

Grounded theory methodology (GTM) is characterized by the systematic application of essential methods that guide the researcher through processes of theory building in the context of their adopted philosophical viewpoint (Birks & Mills, 2011). This methodology can use both quantitative and qualitative data to find out what is really going on (Glaser & Strauss, 1967) in respect of the studied phenomenon. Historically, however, qualitative studies are more prevalent than quantitative studies in GT research. Whether the grounded theorist subscribes to traditional, evolved, constructivist, or other schools of thought (Mills & Birks, 2014), the dictum “all is data”—first mentioned in *The*

Discovery of Grounded Theory (Glaser & Strauss, 1967)—acts as a guiding principle for those who use GTM. Under this banner, the grounded theorist has a universe of potential data sources to use in the development of a GT. In addition to the common data sources of interviews, focus groups and field observations, a number of other potential sources of data are available. Table 1 provides examples of such sources.

Although many forms of data are available to the grounded theorist, researchers positioned in the qualitative paradigm—inclusive of many grounded theorists—have shown a preference to utilizing elicited data such as interviews and focus groups (Silverman, 1998). Restricting the scope of research data is problematic as it can deemphasize the value of other sources of information. Silverman's (1998) survey of qualitative research articles published in *Sociology* and *Qualitative Health Research* demonstrates that interviews dominate as the single most preferred method in qualitative research.

Silverman (1998) expressed concern over the methodological impact of such trends and queried whether a preference for interviews was associated with the use of

¹ Monash University, Melbourne, Victoria, Australia

² James Cook University, Townsville, Queensland

Corresponding Author:

Nicholas Ralph, School of Nursing and Midwifery, Monash University, Melbourne, Victoria 3800, Australia.

Email: 

Table 1. Possible Sources of Data for the Grounded Theorist.

Authors	Types of documents
Glaser and Strauss (1967)	Letters, interviews and conversations, speeches, sermons, proceedings, symposia, fictional and non-fictional literature, and media publications
Glaser (1992)	Ethnographies, biographies, diaries, comments, manuscripts, records, reports, and catalogues
Bernard and Ryan (1998)	Political speeches, song lyrics, personal diaries, and newspaper editorials
Birks and Mills (2011)	Newspapers and magazines; government reports; policy documents, organizational policy; procedure manuals; personal diaries; journals; log books; letters; biographies; non-fiction books; and novels

Table 2. Qualitative Research Articles Published in *Sociology* and *QHR*.

Method	1991-1996		2010-2012	
	<i>Sociology</i> (n = 49)	<i>QHR</i> (n = 91)	<i>Sociology</i> (n = 116)	<i>QHR</i> (n = 341)
Qualitative interviews	27 (55%)	65 (71%)	80 (69%)	296 (87%)
Other	22 (45%)	26 (29%)	36 (31%)	45 (13%)

Note. *QHR* = Qualitative Health Research.

Table 3. Grounded Theory Research Articles (*Sociology* and *Qualitative Health Research*, 2010-2012).

Method	Number of articles
Interviews as a primary data source	20 (91%)
Other data sources	2 (9%)

interviewing as a nursing tool, given the high proportion of nursing research published in these journals. To ascertain current trends, we replicated Silverman's survey of the same journals. The results of both Silverman's original study of publications from 1991 to 1996 and our subsequent survey of articles from 2010 to 2012 are presented in Table 2.

The evidence presented in Table 2 demonstrates the preference for interviews as a primary data source in qualitative research, despite the availability of many types of data. In examining how these data relate to GT specifically, studies professing to use GT were isolated, and these results are presented in Table 3. The data in this table confirm a continued and increasing preference for the interview method in qualitative GT studies.

Reasons for the favored status of interviews indicated in Tables 2 and 3 are not immediately clear. It is apparent, however, that when grounded theorists move beyond the interview as a data source, inconsistencies emerge, particularly in relation to using documents. When referring to the use of documents as data, for example, the language is uncertain and inconsistent terminology is used. Some of the terms to describe documents include the following:

- Caches of documents (Glaser and Strauss, 1967),
- Textual data (Burnard, 1996),
- Inert text (Prior, 2003),
- Extant text (Charmaz, 2006),
- Technical literature (Corbin & Strauss, 2008),
- Naturally occurring material/written texts (Denzin & Lincoln, 2011), and
- Literature as data (Birks & Mills, 2011).

Inconsistencies in nomenclature suggest a lack of consensus among grounded theorists in respect of dealing with the technical aspects of varying data sources and in establishing a clear approach to positioning all types of data sources in a GT study. This lack of consensus about the concept of documents as data is reinforced in the broader literature. Initially, Glaser and Strauss (1967) argue that documents can "hardly be used as a chief source of data" (p. 168), whereas Charmaz (2006) and Birks and Mills (2011) attest that documents can be used as primary or secondary sources of data.

Interacting With Data Sources in GT Research

Focusing on textual data is an essential part of developing a working knowledge of GT; if all is data, then all data become text at one stage or another. As an example, the interview is an interaction between researcher and participant. The researcher is actively involved in a process of producing data that is ultimately transcribed into text form. While the minutes of a meeting record a similar human interaction, the researcher has minimal (if any) control of data production in such a situation. The researcher is thus positioned very differently in respect of text produced from a meeting in contrast with that produced from an interview. Charmaz (2006) uses the term "extant text" to indicate data sources that the researcher had no hand in shaping (p. 35). Charmaz, therefore, distinguishes extant text from that which is "elicited" via research participants for a specific purpose or project.

In this article, we use Charmaz's terms, "extant data" and "elicited data," as they speak a cognizance of the data source rather than referring to it simply as text. By using this distinction, we are keen to assert that data gathering is not merely a dichotomous process of elicitation. Figure 1 displays the spectrum of data source on which extant data

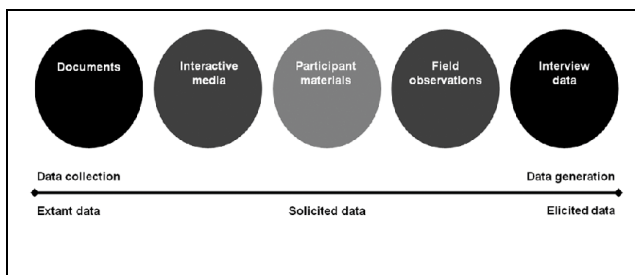


Figure 1. Spectrum of extant data and elicited data.

are posited at one end, distant from elicited data at the other. Elicited data always involve an interpersonal interaction between the researcher and participant/s in an interview or focus group, or actors in a scene being observed. Extant data may take the form of existing text relevant to the study yet produced for purposes other than the research undertaking, such as data gathered from blogs or web forums. Other forms of extant data include questionnaires, surveys, or journals solicited by the researcher.

A human interaction is marked by a myriad of sensorial experiences, whereby the researcher has a broad spectrum of sensorial awareness about the data source before them. Even before the researcher engages in the process of analysis, they are influenced by sensorial experiences (engagement of senses) with the research material. The physical presence of extant data offers less to the researcher in the way of contextualizing data analysis, as the researcher is engaged in a lower level of sensorial experience than the one in which data are elicited. While sensorial experience is one means of contextualizing the data, the symbols present in interpersonal interaction are far stronger than those used in an interaction with extant data.

Although extant and elicited data may be at opposite ends of a spectrum of researcher–material interaction, it is clear that overlap exists. For instance, a best-selling novel or a blockbuster movie (interactive media) is an extant source of data that offers a more limited sensorial experience for the researcher to interpret than an interview where data are elicited. In other words, novels and movies may evoke a strong emotional reaction despite the viewer’s relatively passive position. Interviewing is a spectrally different sensorial environment as the sensorial experience for the researcher and participant through human–human interaction is far greater.

The Researcher and Extant Data

Despite the need to be cognizant of the distinctions of different data types and the requirement to approach data reflexively, grounded theorists are encouraged to treat extant data as they would any other data source relevant to a developing GT (Birks & Mills, 2011; Charmaz, 2006). To encourage as much is problematic, given that the moment words are transformed into text, a gap is created between the author and the data (Irvine & Gaffikin, 2006). To illustrate, the United Nations Translation Service uses professional

translators to render written words from one language into another and interpreters to do the same with spoken words (United Nations, 2009).

The difference between translation and interpretation is clear; a word in one language is *translated* into an equivalent word in another language and, as such, denotes a unidirectional process. Interpretation, however, renders the spoken word of one language into an equivalent linguistic context. The interpreter is dealing with the speech of a dynamic, fast-flowing, inflective, emotive, instructive, directive *person* and attempting to derive an accurate interpretation of what is being said and placing it in a context foreign to where it belongs. This process is not unidirectional *but* omnidirectional in nature because the interpretation is heavily influenced by a multiplicity of human (including sensorial) factors.

In the same vein of translation versus interpretation, the position of the grounded theorist determines the extent of the interpretive spectrum in dealing with the data before them. When interviewing a participant, the grounded theorist is interacting in a dynamic, fast-flowing, process. Transcribing what is spoken is just that—a transcription; however, the undeniable influences present in any human interaction see this as a process of *data generation* (Birks & Mills, 2011) as opposed to that of *data collection*, which describes gathering something that is already there. The grounded theorist does not collect something non-existent, nor do they generate what is not present. Whether collecting or generating data, the grounded theorist must acknowledge their influence on the data source and recognize their position in the process of development of a theory that is grounded in that data.

The information elicited in the dynamic of researcher–participant interactions is a key difference between *data generation* and *data collection*. During data generation, the researcher as an interviewer can develop a deeper understanding of how to position the generated data for analysis as many questions are answered (either explicitly or implicitly) such as the “who, what, when, where, why and how” of context. For instance, the tones, inflections, gestures, and emotions of communication can inform how the researcher approaches data analysis.

Conversely, the researcher is often bereft of the context needed to optimally position extant data for analysis. In GT, data collection should not be a simple process of gathering artifacts, rather it should be a systematic and reflexive process aimed at collecting the data source and its concomitant information to optimally position that data for analysis. Data collection should not be an objectifying process, but rather a considered, reflexive undertaking that places data sources such as documents in a continuum rich with purpose, intent, interpretation, and context. It ought to be the researcher’s intent to find out “what is going on” (Glaser & Strauss, 1967) to establish an optimal entry point to analysis.

Table 4. Sample Questions for Establishing Contextual Positioning.

	Purpose	Questions
Who	To <i>identify</i>	<ul style="list-style-type: none">• Who participated in conceiving, supporting, shaping, writing, editing, and publishing the text?• Who was its production intended to benefit?
What	To <i>define</i>	<ul style="list-style-type: none">• What stated or assumed purposes does it serve?• What specific value does this text bring to the current study?• What are the parameters of the information?
When	To <i>chronicle</i>	<ul style="list-style-type: none">• When was the document conceived, produced, updated?• What is the document's intended lifespan?• To what extent are the issues that influenced and informed the production of this document relevant to the temporal context of the current study?
Where	To <i>locate</i>	<ul style="list-style-type: none">• Where was the document produced?• Where is the document intended for use?• Where is the document positioned in respect of sociological context?
Why	To <i>rationalize</i>	<ul style="list-style-type: none">• Why would the text be used?• Why, if at all, is the text unique, reliable, and consistent?
How	To <i>explain</i>	<ul style="list-style-type: none">• How (if at all) do the authors of the text propose it be used?• How is the text written?• How is the document achieving its purpose?

In summary, data generation and analysis occurs very differently to data collection and analysis, especially in the context of positioning documents. The *tells* given by the participant during interview are symbols that the interviewer interacts with and responds to in that context. The interviewer responds to not just *what* is said but *how* it is said. Their theoretical sensitivity to data from the participant is heightened in such instances, comparative to documents. Documents say *what* without illuminating the context in which it is said. The need to position documents is therefore necessary to restore the balance, not to turn the document into an open-ended interview. It is important to position the document to be theoretically sensitive to its possibilities as a data source, in its own unique context.

Positioning Extant Data in a GT Study

From the preceding discussion we can see that, in both the collection and generation of data, the position of the researcher and their interaction with the data source determine a context for analysis. Only in the case of data generation, however, is the researcher able to derive such knowledge from implicit and explicit means. Conversely, a researcher engaging in data collection must prepare the text for analysis by using a process of *contextual positioning*. *Contextual positioning* requires approaching the extant data to establish the important “who, what, when, where, why and how” of context. *Contextual positioning* is thus achieved through targeted questioning. This process is quite distinct from the analytical questioning of data used in approaches such as discourse analysis. *Contextual positioning* uses targeted questioning for the purpose of positioning data for analysis but is not intended as an analytical tool per se. When using documents as data, targeted questioning compensates for the decreased sensory involvement and symbolic interactions occurring between the researcher and extant

data. No longer is the researcher privy to the moods, expressions, gestures, and tones of the interviewee or focus group. Extant data present a different challenge requiring a different approach. Targeted questioning acknowledges the differences in the nature and level of involvement and interactions that occur between the researcher and sources of elicited and extant data.

This process makes it possible to establish a three-dimensional context centered around the positionality and reflexivity of the researcher toward the data and its source, GT methods, and the research process collectively. *Contextual positioning* is vital to the development of a GT as it enables the researcher to situate the data in relation to the research study, thus facilitating a contextually relevant analysis of that data. All researchers instinctively assess data to some extent, but the use of a structured approach promotes most effective positioning of data that may otherwise be regarded as static. Table 4 proposes sample questions that the GT researcher can use for this purpose.

While it may be argued that targeted questioning would arrive at answers that load the researcher with a priori assumptions before the data are analyzed, we believe that it is a contemporaneous, a posteriori process. The researcher may question the source or other associated information to arrive at a contextualized understanding of the data. This approach is no more likely to impose preconceptions upon the researcher than does establishing a relationship with an interview participant; in essence, targeted questioning allows the researcher to establish rapport with the extant data. Figure 2 illustrates the process by which collected extant data can be optimally prepared for use in GT research through contextual positioning.

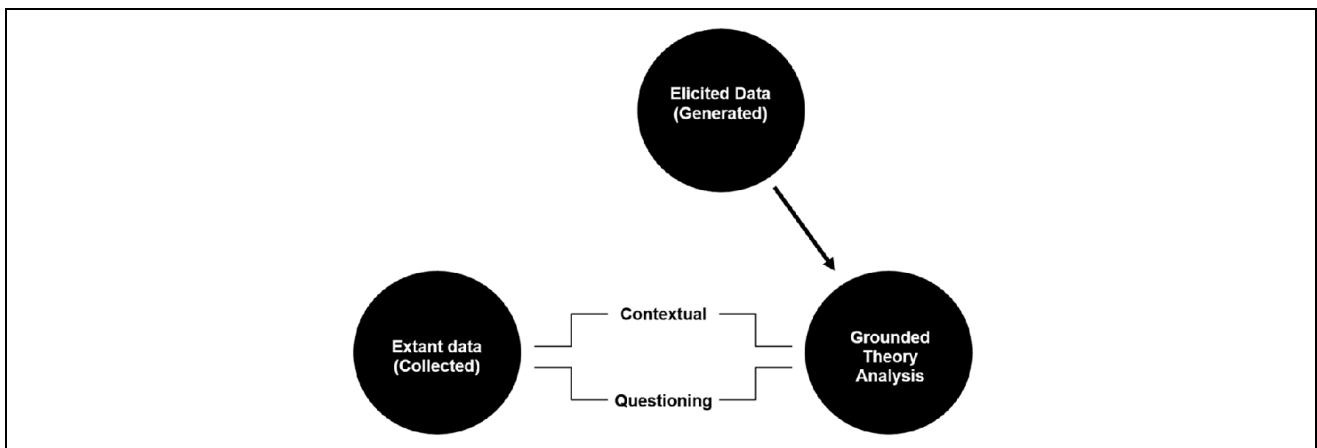


Figure 2. Closing the gap through contextual positioning.

Table 5. An Example of Establishing Contextual Positioning.

	Questions	Sample responses
Who	<i>Who participated in conceiving, supporting, shaping, writing, editing, and publishing the text?</i>	Produced by accreditation stakeholders in response to requests for feedback on the nursing and midwifery authority's review of accreditation arrangements.
	<i>Who was its production intended to benefit?</i>	The registering authority, the accreditation council, education providers, the nursing profession, nursing students, patients, and clients.
What	<i>What stated or assumed purposes does it serve?</i>	To provide feedback for the purpose of improving accreditation arrangements for the nursing and midwifery professions.
	<i>What specific value does this text bring to the current study?</i>	Facilitates understanding of multiple perspectives from various stakeholders about the quality and utility of accreditation services.
	<i>What are the parameters of the information?</i>	Responses to specific questions and general comments about experiences and perspectives in relation to the functions of the accreditation council.
When	<i>When was the document conceived, produced, updated?</i>	The process informing conception, production, updating was established as a part of the national registration and accreditation scheme in 2010.
	<i>What is the document's intended lifespan?</i>	Limited to the contracted life of the accreditation council and/or changes to accreditation requirements.
	<i>To what extent are the issues that influenced and informed the production of this document relevant to the temporal context of the current study?</i>	The relatively recent production of the documents ensures that they are contemporaneously relevant.
Where	<i>Where was the document produced?</i>	Originally at the registering authority's head office for completion by institutions and organizations across the country.
	<i>Where is the document intended for use?</i>	In the nursing education context in Australia.
	<i>Where is the document positioned in respect of sociological context?</i>	Sits under the auspices of the registering authority as governed by national law in respect of its role in outsourcing accreditation services.
Why	<i>Why would the text be used?</i>	Provides a broad spectrum of evaluation data in respect of the studied phenomenon.

	Why, if at all, is the text unique, reliable, and consistent?	The material was obtained for a specific purpose. The source of the material is credible and validated by the registering authority.
How	How (if at all) do the authors of the text propose it be used?	To evaluate the services of the current accreditation council for the purpose of determining further contractual arrangements. Also intended for public dissemination.
	How is the text written?	The proforma template is purposefully written. The style and content of the responses vary with the respondent stakeholder. Responses range from passionate, vivid descriptions to passive, technical observations.
	How is the document achieving its purpose?	Provides important feedback from those affected by the accreditation process. Serves to support future engagement of the accreditation council.

To illustrate the application and relevance of contextual questions, Table 5 presents examples of responses that may be derived from this process using a GT study of nursing education accreditation in Australia undertaken by the authors. Questions posed of the extant text (in this case—feedback provided to the nursing and midwifery regulatory authority in Australia about the national accreditation service) and the corresponding responses are presented to demonstrate the mechanism by which extant data can be placed on equal footing to the oft-preferred interview transcript. *Contextual positioning* through interrogation provides a three-dimensional context to support analysis, namely, the position of the extant data, the position of the researcher, and the position of the extant data to both the researcher and the study. *Contextual positioning* is a simple and effective method to scope the context in which the extant data and the researcher are situated.

While the sample answers are by no means definitive, they serve to elucidate the nature of the extant data and enable the researcher to approach extant data in the study with a greater level of awareness and reflexivity. By positioning the extant data through the use of *contextual positioning*, the researcher identifies the key actors relevant to the data, defines its scope, chronicles its position in time, locates it in an appropriate context, rationalizes and justifies its position, and explains its role as a thing and as a source of data. Through the use of contextual positioning, the researcher can take a thorough approach to locating and understanding the context and usefulness of the data. The researcher can be certain of the “groundedness” and cogency of data that *contextual positioning* provides to the research study. Such questions qualify the position of the extant data in the same vein that qualifying questions position the statement of an interviewee in a more appropriate context for analysis.

Conclusion

Having an awareness of the context of extant data in a GT study requires a concerted scholarly approach to establish

consensus on the matter. The paucity of extant data in GT studies is of concern as is the dearth of literature on methods of preparing extant data for analysis in GT studies. We locate extant data through the use of *contextual positioning* as we ascribe to a view that context is inherent to analysis. *Contextual positioning* enhances the interactivity of the data collection process. No longer is the extant data source a static collection of letters, words, sentences, and paragraphs, rather, it presents as an enlivened thing, suitably contextualized, and ready to contribute to the development of a theory grounded in data in the hands of an informed researcher.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

References

Bernard, H. R., & Ryan, G. (1998). Text analysis: Qualitative and Quantitative Methods. In Bernard, H. R., ed. *Handbook of methods in cultural anthropology*. Pp. 595-646. Walnut Creek, CA: Altamira Press.

Birks, M., & Mills, J. (2011). *Grounded theory: A practical guide*. London, England: SAGE.

Burnard, P. (1996). Teaching the analysis of textual data: An experiential approach. *Nurse Education Today*, 16, 278-281.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London, England: SAGE.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: SAGE.

Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. London, England: SAGE.

Glaser, B. G. (1992). Emergence vs forcing: Basics of grounded theory analysis. MillValley, CA: Sociology Press.

- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New Brunswick, NJ: Aldine Transaction.
- Irvine, H., & Gaffikin, M. (2006). Getting in, getting on and getting out: Reflections on a qualitative research project. *Accounting, Auditing & Accountability Journal*, 19, 115-145.
- Mills, J., & Birks, M. (2014). *Qualitative methodology: A practical guide*. London, England: SAGE.
- Prior, L. (2003). *Using documents in social research*. London, England: SAGE.
- Silverman, D. (1998). Qualitative research: Meanings or practices? *Information Systems Journal*, 8, 3-20.
- United Nations. (2009). *Conference services*. Retrieved from <http://www.un.org/ga/60/booklet/conf.pdf>

Author Biographies

Nicholas Ralph, RN, BN, MClInPrac with Distinction, is a PhD candidate at Monash University and is investigating undergraduate nursing curriculum design in the context of national accreditation.

Melanie Birks, RN, MEd, PhD is an adjunct professor of nursing at Monash University and professor of Nursing at James Cook University, Queensland.

Ysanne Chapman, RN, MNsg, PhD is a retired professor of nursing with an adjunct professor appointment at Monash University, Melbourne.

SUMMARY

My intention in this chapter has been to advance approaches in grounded theory by offering new, yet congruent approaches to dealing with data in grounded theory. I have presented the application of grounded theory methods in addressing the aims of this research. My objective in describing my use of this approach is to further demonstrate my understanding of this complex methodology. The field of grounded theory is characteristic of significant dynamism over the decades since its inception. At new moments, and in new ways, researchers have made contributions to grounded theory methods in dealing with the inevitable challenges that emanate from conducting research as I have here. In the following chapter I present an overview of the findings of this research as a basis for discussion in subsequent chapters.

CHAPTER FIVE

The Storyline

INTRODUCTION

By approaching an area of research using grounded theory methodology, the expectant outcome is a theory grounded in the data and one that has developed through the systematic application of grounded theory methods. The grounded theory within this thesis will be presented in the following three chapters, with this chapter presenting a summary of the theory in its entirety. In doing so I provide an overview of the outcomes of this research that will guide the reader through subsequent chapters in which the theory is presented in detail. In the article presented herein and the chapters that follow, I extend the methodological application of grounded theory described in Chapter Four, using storyline to present the findings.

Chapter Contents

This chapter consists of the following article:

Ralph, N., Birks, M., Chapman, Y. & Cross, W. (under review). Settling for less: Designing undergraduate nursing curriculum in the context of national accreditation. *Journal of Advanced Nursing* (submitted July 2014).

This paper presents an abstraction of the findings in a manner representative of the entire theory. The discussion is targeted to address the main thrust of the findings – that of fundamental issues in the curriculum design process. Recommendations are offered in the form of a program of capacity building and a project management framework for academics undertaking the processes of curriculum design within the context of national accreditation.

PART B: Declaration for Thesis Chapter

Monash University

Declaration for Thesis Chapter 5

Declaration by candidate

In the case of Chapter 5, the nature and extent of my contribution to the work was the following:

Nature of contribution	Extent of contribution (%)
Concept development, key ideas, development and writing up (Settling for less: Designing undergraduate nursing curricula in the context of national accreditation)	80%

The following co-authors contributed to the work. If co-authors are students at Monash University, the extent of their contribution in percentage terms must be stated:

Name	Nature of contribution	Extent of contribution (%) for student co-authors only
Professor Melanie Birks	Concept development, key ideas, development and proofing	
Professor Ysanne Chapman	Concept development, key ideas, development and proofing	
Professor Wendy Cross	Concept development, key ideas, development and proofing	

The undersigned hereby certify that the above declaration correctly reflects the nature and extent of the candidate's and co-authors' contributions to this work*.

Candidate's Signature		Date 28.06.2014
-----------------------	---	--------------------

Main Supervisor's Signature		Date 14.7.14
-----------------------------	--	-----------------

*Note: Where the responsible author is not the candidate's main supervisor, the main supervisor should consult with the responsible author to agree on the respective contributions of the authors.

“Settling for less”: Designing undergraduate nursing curricula in the context of national accreditation

Nicholas Ralph

Professor Melanie Birks

Professor Ysanne Chapman

Professor Wendy Cross

Submitted to: *Journal of Advanced Nursing*

Status: Under Review



“Settling for less”: Designing undergraduate nursing curricula in the context of national accreditation

Journal:	<i>Journal of Advanced Nursing</i>
Manuscript ID:	JAN-2014-0698
Manuscript Type:	Original Research: Empirical research - qualitative
Keywords:	Nurse Education, Curriculum planning, Curriculum Policy, Decision-making
Category:	Nursing

SCHOLARONE™
Manuscripts

Copy

“Settling for less”: Designing undergraduate nursing curricula in the context of national accreditation

Aim

The aim of the study is to explore the process of curriculum design in the context of national accreditation processes.

Background

The quality of undergraduate nursing education is essential to producing graduates that are safe and effective practitioners, relevant to the broader contexts of care. National accreditation standards are used to de nursing programs will achieve the outcomes expected of them, with curriculum design a central part of this process.

Design

Grounded theory methodology

Methods

Data were collected via interviews and documents from November 2012 to July 2013.

Findings

Findings revealed significant issues with the approaches used to inform curriculum design, resourcing, and staff capacity in the context of undergraduate nursing education.

Conclusion

Strong whole-of-course curriculum design processes form the foundation of a quality system of undergraduate nursing education. The deficiencies in current practice have significant implications for the future of the nursing profession. While no clear and immediate solution is evident, identifying the nature of such limitations and implementing systematic, evidence-informed approaches to the process is crucial to improving the quality of undergraduate nursing education.

KEY WORDS

Nursing; undergraduate; curriculum; design; development; education

Why is this research or review needed?

- No research has been conducted on the impact of national accreditation on the whole-of-curriculum design process in the undergraduate nursing space.
- Little research has been conducted on whole-of-course curriculum design in undergraduate nursing and its impact on the quality of nursing education.

What are the key findings?

- Significant issues are identified with approaches to curriculum design, project resourcing, and building staff capacity throughout the context of whole-of-course undergraduate nursing curriculum design.
- The absence of systematic and evidence-informed decision-making processes in the process of designing curricula were revealed through the pressures of national accreditation.

How should the findings be used to influence policy /practice /research /education?

- These findings could be used to justify improved resourcing of whole-of-curriculum design by enhancing awareness of the complexities of the process.
- The framework could be used to strengthen strategies that will facilitate evidence-informed decision-making processes in the design of undergraduate nursing curricula

INTRODUCTION

Providing high quality nursing education is crucial to ensuring the continued relevance and advancement of the profession in Australia. To ensure programs of nursing education are reflective of quality, accreditation standards are used to assess whether the program will have the capacity to produce graduates who are competent to practise safety and effectively as Registered Nurses. Curriculum design is a critical aspect of this process, as each program must conform to the accreditation standards whilst facilitating teaching and learning foci central to producing quality nursing graduates. To investigate how this process informs the quality of nursing education, data were gathered from academics and accreditation managers involved in curriculum design and from documents that contained feedback on the national accreditation process. In this article, a grounded theory study on designing undergraduate nursing curricula in the context of national accreditation is presented in the form of a storyline. The following discussion outlines the significant issues that were identified in the curriculum design process; resourcing available; and the behaviours exhibited by stakeholders. The paper concludes with recommendations that are made to address some of the issues identified, including a proposed framework for managing the design of undergraduate nursing curricula.

BACKGROUND

In 2010, a scheme of national accreditation was implemented for programs of nursing education across Australia. Prior to this, each state used different standards of accreditation resulting in inconsistent measures of quality applied to nursing programs. Although national accreditation is seen as a once-in-a-generation opportunity to improve the quality of nursing education in Australia (Ralph, Birks & Chapman, 2013), achieving its potential by

1
2
3 producing uniformly competent, relevant and safe nursing graduates throughout the
4
5 country will be significantly informed by the processes used to inform the design of nursing
6
7 curricula.
8
9

10
11
12 Although there is a lack of literature on designing undergraduate nursing curricula in the
13
14 context of national accreditation requirements, the advantages of sound curriculum design
15
16 are well established. For instance, quality approaches to curriculum design in baccalaureate
17
18 nursing programs are known to encourage deep learning (Tiwari et al. 2006); stimulate
19
20 critical thinking (DeSimone, 2006); promote caring behaviours and attitudes towards
21
22 patients (Brown, 2011); enhance interpersonal skills (Waugh et al. 2013); and improve the
23
24 delivery of patient care (Alinier, Hunt, Gordon & Harwood et al. 2006). Aiken et al. (2014)
25
26 find that baccalaureate educated nurses reduce preventable hospital deaths and in doing
27
28 so, illuminates the need for a quality system of nursing education as the cornerstone of the
29
30 profession. Accreditation standards and processes are therefore of paramount importance
31
32 in facilitating the quality of nursing programs across Australia.
33
34
35
36
37
38
39
40

41 Despite evidence substantiating the advantages offered by quality nursing curricula,
42
43 ongoing concerns regarding the state of nursing education in Australia are widely expressed,
44
45 particularly in the undergraduate context. Issues range from concerns around student
46
47 satisfaction (Jeffreys, 2007; Lo, 2002) and student attrition (Gaynor et al., 2007) to broader
48
49 criticisms that question the relevance of curriculum content to clinical contexts (Birks, Cant,
50
51 Al Motlaq, & Jones, 2011); the quality of teaching delivery (Jackson & Daly, 2004); the use of
52
53 evidence to inform educational outcomes in undergraduate nursing programs (Ferguson &
54
55 Day, 2005); and even extending to calls for a complete reform of the baccalaureate nursing
56
57
58
59
60

space (Bartels & Bednash, 2005). The dated nature of much of the literature on this topic itself provides an impetus for further work. More significantly, however, an understanding of both the advantages of and concerns regarding the quality of nursing education serves to highlight the need for identifying and explicating the strengths and weaknesses inherent to the area. Moving towards an understanding of the processes of curriculum design and national accreditation is therefore vital if improvements are to be made in the quality of nursing education in Australia.

METHOD

Grounded theory methodology was employed in this study as a theory with explanatory power was desirable in researching the process of designing pre-registration nursing curricula in the context of national accreditation. The collection and generation of data were undertaken using the essential methods of grounded theory to develop a theory relevant to the substantive area of inquiry (Glaser & Strauss, 1967). Ethical approval was obtained through the university Human Research Ethics Committee. Initially, participants were selected using purposively sampling, as is consistent with grounded theory (Mills, Birks & Hoare, 2014). Theoretical sampling guided the selection of further participants and data. Prior to each interview, participants were informed of the purpose of the research and consent was obtained. Some demographic information about the interview participants was also collected (Table 1). Academic participants were employed in a diversity of roles from Lecturer to Professor, with considerable years of experience in these roles. Accreditation managers had relatively less time in their current position, reflective of the short period since the establishment of the accreditation authority. Most participants identified “nursing education” as their primary area of expertise.

Insert Table 1. Participant Demographics

Thirteen interviews in total were conducted with ten participants identifying as having had a significant role in the accreditation of a pre-registration program with the remaining three participants identifying as accreditation managers employed by the national accreditation council. This number reflects significant representation given the limited number of potential participants who had been involved in the accreditation of programs using the new national standards. All states and territories that had programs approved using these standards were represented. All participants were Registered Nurses involved with accredited programs.

Open-ended interviews between approximately 50 minutes to 90 minutes in length were conducted with all digitally recorded and transcribed. As participants were located in various locations nationally, the majority of interviews were conducted via telephone at a mutually convenient time. In addition to interviews, a further fourteen documents were included in the study that contained feedback from the nursing authority's review of accreditation arrangements. Interview transcripts and documentary material was coded and analysed concurrent with data collection until a theory grounded in the data was generated. The final phase in the study involved seeking feedback from participants on both the findings and recommendations arising from this research. This feedback was used to confirm and refine concepts within the theory. The following section presents the theory in the form of a storyline. Birks and Mills (2011) advocate the use of storyline as a means of

effectively presenting a grounded theory while Strauss and Corbin (1990) view it as a tool of analysis.

FINDINGS

The grounded theory developed from this research reveals the process of designing undergraduate nursing curricula in the context of national accreditation. As indicated in Figure 1, during the initial stages of curriculum design the focus was on *navigating the process* followed by a period of *rising tensions* in response to pressures from various sources. Ultimately, the processes would end in curriculum designers *settling for less* than their ideal curriculum. The storyline that follows expands the discussion of the finding of this study by presenting the phenomenon from the perspective of those involved in this process. Major codes that arose during analysis are italicised in the dialogue that follows.

Insert Figure 1: The process of curriculum design in the context of national accreditation

Navigating the process

Designing curricula in the context of unfamiliar national accreditation standards and processes was invariably challenging for those involved in the design of curricula. The initial stages required an approach to navigating the process that involved *building towards “something”* and *prioritising information* to inform the final product.

Building towards “something” highlighted the indistinctness that marked the vision and direction of the new curriculum. In contrast, academic participants worked towards *meeting*

1
2
3 *requirements* set forth by accreditation standards, as getting accredited took priority over
4
5 *having a vision* on which to build a quality program of education:
6

7
8 *... so long as we met the standards you know, because ... we weren't sure where it was*
9
10 *we'd come from, where we were headed or whether any of the work we'd done was*
11
12 *what everyone wanted or even needed. We knew we were building towards something*
13
14 *– we just weren't sure what that 'something' was.*
15
16
17
18

19
20 In the absence of effective approaches to designing curricula, curriculum designers became
21
22 disengaged from the process as they experienced a “deep difference between envisaging
23
24 the ideology and realising the reality”. Attempting to navigate the process in what proved to
25
26 be a complex and dynamic environment uncondusive to critical debate and discussion gave
27
28 rise to these participants *being task orientated* in order to remain focused on the identified
29
30 end-point – an accredited program:
31
32

33
34 *Staff didn't have the time to enter into any real debate about what was best for the*
35
36 *patient or profession. While there was some discussion it was cursory, really...many*
37
38 *of nursing's core values were sacrificed at the altar of 'getting it done'. They wanted*
39
40 *to be able to tick off that, “Yes, this unit does this, this and this, and does this, this*
41
42 *and this”. It became more about getting it done than getting it done right.*
43
44
45
46
47

48
49 The emphasis on getting accredited – often at the expense of getting better – characterised
50
51 how individuals viewed the process. *Prioritising information* was undertaken in the context
52
53 of getting accredited as primacy was placed on any approach to designing curricula that
54
55 would satisfy the accreditation standards. Ineffective approaches to curriculum design, in
56
57 particular, led to the adoption of a largely ad-hoc method of *developing content*. While
58
59
60

gathering information was useful in identifying material of use, it was undertaken in an unsystematic, inconsistent manner. Without clear and consistent approaches to curriculum design, academics struggled with *pulling everything together*, resulting in what they viewed as an attenuated level of curriculum quality and unresolved tensions within the process.

Rising tensions

Rising tensions were evident throughout the process of designing curricula in the context of national accreditation. Tensions rose as resource limitations impacted on curriculum design, leaving academic participants feeling they were *being limited* in their roles. Significant tensions arose from having *limited time* to meet internal and external deadlines; *limited finances* for staffing and accreditation costs; *limited placements* for professional experience that influenced the nature and structure of curricula; and *limited capacity* within staff to successfully navigate issues related to curriculum design and the accreditation process:

...we had no money to employ anyone and only a handful of reliable people to get stuff done.

The result impacted negatively on both those involved in the process and the end product:

...we interpreted standards to suit our finances more than the needs of patients, students, you name it.

The tension caused by limited resources compounded feelings of *being pressured* as scrutiny, bias and resistance coloured every aspect of the process. The impact of *being scrutinised* both at institutional and personal levels increased pressure on those involved. Participants described instances in which scrutiny routinely descended into unprofessional

behaviour where academics, assessment panel members and accreditation managers were attacked, usually by nursing academics, to obtain a personal or professional advantage:

...it was just nasty stuff and mostly from those with no insight. They told untruths, pretty hurtful stuff really. They were so intent on maintaining the status quo, their silos they've had here for 20 years – vultures I called them – and they wait for the slightest stumble and swoop. Anything to allege partiality, incompetence or some element of nefariousness if it means furthering their own agendas.

The most significant source of pressure for academics came from others within their institutions who were seen to be *acting on biases*. These biases were often informed by individuals' clinical specialty, educational philosophy and individual personality. In order to secure a place for their favoured areas within the curriculum, those seeking to push their agenda did so through subversive tactics and coalition forming. As a result, conflict was common:

...it's a crucible in which many sub-standard academics realise that the program or subject they've comfortably sat in for so many years is so poorly delivered that standards will force it to undergo drastic changes ... so they react swiftly and harshly. They just can't reconcile their own ineptitude with the concept of improving standards. If it changes, it can't be right because they haven't [changed] in the last twenty years ... so they lash out fiercely.

Biased behaviour was seen as an opposing force to the process of curriculum design as it weakened the quality of nursing programs throughout the country:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

...the effect this behaviour is having is huge. What we are witnessing is the McDonaldization of nursing education in Australia ... superficiality at the expense of depth – a cheap, cost-effective bite instead of something nourishing.

I am of the mind that we don't tailor programs to the greater good anymore. If we did, we would have stopped this entrée approach to content...a little taste here and there won't nourish them [students].

Conflicting priorities within a context of limited time and resources forced those involved in the design of curricula to find ways of *dealing with differences*. Attempting to negotiate, build consensus and promote collegiately were often unsuccessful, leaving these participants with little choice but to yield to demands of others for the sake of settling tensions both within the environment, and on themselves.

Settling for less

As tensions rose, many academic participants found the pressure intolerable to the point of *conceding* to what they saw as the inevitable outcome - a curriculum perceived to be of an *attenuated quality* and unreflective of the initial optimism and desire to improve characteristic of the commencement of the process.

Conceding to the demands of the situation and the tactics of those who sought to push their own agendas often manifested in curriculum designers *giving up* on the vision that they had sought to realise at the outset of the process and *giving in* to pressure to accommodate the needs of others. Finding themselves in a no-win situation, where the need to meet looming

1
2
3 deadlines took priority over the desire to uphold their professional principles, these
4
5 participants felt forced to settle for less:
6

7
8 *The whole process around this new curriculum we were developing catered to the*
9
10 *lowest common denominator. We rewarded the bad behaviour of academics by giving*
11
12 *in to them.*
13

14
15
16
17 The end product of this compromise was an attenuated standard of quality in curriculum
18
19 design. The focus was shifted to prioritise *quantity over quality* in achieving the minimum
20
21 standard, in what was described by one participant as “a race to the bottom”. Ensuring that
22
23 everyone was appeased, that the delivery of the program would not harm budgets and that
24
25 the minimum professional placement hours were met, were the priority criteria:
26
27

28
29 *Take clinical placement hours, they were around a thousand, twelve hundred hours and*
30
31 *now they're eight hundred. Unfortunately, if the bar is set low, you can't expect the*
32
33 *target to be any higher.*
34
35

36
37
38 *It's a race to the bottom unfortunately. What you've got is a [tertiary] sector, and a*
39
40 *[nursing] profession and you know, everyone else, as well, hell bent on cutting corners*
41
42 *... that's hurting us. It shouldn't come as a surprise when we get people only aiming to*
43
44 *satisfy the minimum standard.*
45
46
47

48
49
50 The opportunity originally embraced to harness resources and expertise for the
51
52 enhancement of nursing education through national accreditation would eventually play out
53
54 to be a struggle to meet minimum requirements, maintain calm and get the necessary boxes
55
56 ticked. Nevertheless, all participants agreed that national accreditation was a positive move
57
58
59
60

towards improving the quality of undergraduate nursing education, albeit, one that was compromised by a myriad of factors that led to academics *settling for less* in matters of curriculum design. Although participants viewed national accreditation as a positive step for nursing education, some expressed concern at the widespread negativity associated with designing curricula and the potential for blame to be apportioned to the process of accreditation itself:

I fear that the standards or the assessment process is in a way in danger of being seen as the cause of this situation when it is much more likely to be situated internally and related to leadership, unique circumstances and personalities or the changing context of higher education in Australia.

From my experience nurses go through this phase of blaming the standards but the problem is that they are time poor and often the task of writing the submission to ANMAC is given to a Level B academic who does not have their teaching load reduced.

Despite blame being levelled at a variety of sources, nursing academics still felt compelled to present a positive front to ANMAC during crucial phases of the accreditation process. Concealing the difficulties they experienced and the compromises they made was seen as part of the *getting accredited* and was justified by academics as a means to an end point in the process of curriculum design:

...there were two versions of events really...a sanitised official one...which was the one we presented to ANMAC...and then the ugly truth...the unofficial version. If only

1
2
3 they [ANMAC] knew the [expletive] we had to deal with just to get to something we
4
5 weren't particularly happy with...and settle for less.
6
7
8
9

10 While the submission of a program to ANMAC was seen by academics as the endpoint of the
11
12 curriculum design process, the perspectives of accreditation managers was informed by
13
14 their ongoing involvement with the program at a committee level. Accreditation managers
15
16 also questioned from this perspective whether *settling for less* was representative of a
17
18 process linked with designing curricula in the higher education environment rather than an
19
20 indication of the quality of the accreditation process itself:
21
22

23
24 *I wonder then if it is more about a conflict between the nurse academic and the*
25
26 *university to resource and prioritise nursing appropriately rather than nurses*
27
28 *conceding to a program that is 'less'.*
29
30
31
32

33
34 *Remember that at the end of the accreditation process, the ANMAC RN accreditation*
35
36 *committee reviews the program, and they are the 'cream of the crop' in the field of*
37
38 *nursing academia.*
39
40
41
42

43 Ultimately, both academics and accreditation managers were circumspect in their view of
44
45 how the process of national accreditation impacted on the quality of nursing education in
46
47 Australia:
48
49

50 *I do think that the mean standard of nursing curricula has improved over the*
51
52 *years. In part this has been due to the move to national accreditation as I don't think*
53
54 *the strange aberrations that occurred in some institutions would be tolerated to the*
55
56 *extent they were in the past. While there are some areas of concern, the students are*
57
58
59
60

1
2
3 actually getting a 'minimum standard' that would well exceed the standard of some
4
5 of the more concerning courses of old.
6
7
8
9

10 **DISCUSSION**

11
12 The findings of this study have revealed a number of serious and widespread issues in the
13 approaches used to design undergraduate nursing curricula in Australia. Curriculum design
14 in the context of meeting national accreditation requirements for nursing programs is
15 characterised by *settling for less*; a process often contaminated by competing agendas, bias
16 and unprofessional behaviour that negatively influence the quality of nursing education
17 nationally.
18
19
20
21
22
23
24
25
26
27
28

29 The need for a clear vision and a systematic approach to prioritising informants of curricula
30 is evident from the range of issues experienced by academics *navigating the process of*
31 curriculum design. Haphazard approaches to designing curricula appear to be largely
32 influenced by extant poor processes that cater to trending topics or agendas. This
33 phenomenon was also observed by Streubert, Speziale & Jacobson (2005) who found that
34 the content of curricula was often driven by perceived emerging priorities, social agendas or
35 trends. Streubert, Speziale & Jacobson (2005) point to the rise in technology evident in
36 nursing education that follows an expectation of its increasing impact on the nursing
37 profession in the future. However, no perceived priority – regardless of its importance –
38 should supplant strong educational design. For instance, one participant reported designing
39 a curriculum in the anticipation that “medico-centric, hospital-based care will be a thing of
40 the past in ten years”, and opted to use primary health care as an educational framework
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60 “because that’s the way everything is going”.

1
2
3
4
5 Although arguably an extreme example, Ferguson and Day (2005) report that poor
6
7 approaches to curriculum design are commonplace because nurse academics are over-
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Although arguably an extreme example, Ferguson and Day (2005) report that poor approaches to curriculum design are commonplace because nurse academics are over-reliant on tacit, experiential knowledge gleaned from practise and personal experience rather than research-informed evidence. Thomas and Davies (2006) findings support this notion they observed that curriculum design is principally influenced by academics' previous clinical and educational experiences, resulting in approaches to andragogy that are often antithetical to evidence-based decision-making. These observations parallel with the findings of this study as the absence of clear, systematic approaches to *prioritising information or developing content* illuminated a situation in which undergraduate nursing curricula were designed in the absence of any rigorous processes and without due attention to measurable educational outcomes.

These issues were compounded by poor resourcing, representing the shortcomings of the higher education sector in responding to the needs of nursing education. The lack of support within the higher education sector to allocate resources for large-scale program enhancements was perceived to be an example of organisational intent to discover how efficiently a new accredited program could be achieved. Historically, nursing education has been under resourced in the higher education sector, despite calls to invest in strategies that protect and strengthen the quality of the nursing profession in Australia (Crookes & Bradshaw, 2002; Potempa, Redmond & Landstrom, 2009). While there is evidence to suggest that the quality of some academic staff is a concern as Thompson and Darbyshire (2013) argue, not all of the issues reported can be attributed to curriculum designers alone. In the absence of appropriate investments for resources – whether in terms of finances,

time or staffing – academics responsible for designing curricula felt isolated and pressured to give in to demands for inclusions of content that were made in the name of appeasing political or personal agendas. In some instances, the philosophy of “generalist preparation nursing programs” was used to justify the inclusion of anything conceivably under the label of “generalist”. Notwithstanding, the idea of a generalist philosophy in undergraduate nursing education soon came to mean that those acting on biases *generally* got exactly what they wanted, resulting in a process of curriculum design that was captive to lobbying influences.

Caving in to the demands of lobbyists for further content inclusions was facilitated by the indistinct nature of decision-making around the design of undergraduate nursing curricula. Passively accepting the agendas inherent to nursing specialties and higher education compromised the direction, execution, resourcing and management of curriculum design and accreditation processes. The outcome of this phenomenon is referred to by Arthur and Baumann (1996) as “curriculum hypertrophy”, in which unfettered inclusions of content result in a curriculum more reflective of multiple extant agendas than sound curriculum design. While *rising tensions* were settled, skewed rationalisations were offered such as the belief that more content translated to more chance of being successfully accredited. A task-orientated mindset characterised academics’ attitudes towards the process and drove them to focus on “getting it done rather than getting it done right”. Their attitudes towards the process resembled symptoms of burnout (Lavery & Patrick, 2007) as emotional exhaustion, depersonalising attacks from colleagues and a reduced sense of personal accomplishment affected how they perceived the processes of curriculum design and accreditation.

Participants often shifted blame for broader issues in curriculum design by targeting perceived limitations in the accreditation standards. For instance, although clinical experience is recognised as the core of nursing education (Levett-Jones, 2006), the establishment of an 800-hour minimum in the accreditation standards was often raised by participants as an example of *settling for less*. The rationale for this decision was not clearly articulated by either ANMAC or the NMBA. However, setting minimum clinical placement hours to 800, arguably projects *settling for less* to the broader nursing profession in as it cements changes that impact on the quality of nursing education across the country.

Although some limitations clearly exist in the accreditation process, the overall attitude towards accreditation was positive and most participants viewed national accreditation as a positive step for nursing education. Nonetheless the pressure that this process generates for academics to conform to standards appears to have acted as a crucible for revealing sub-standard approaches, principally around the capacity of staff and the project management of the curriculum design and accreditation processes.

RECOMMENDATIONS

The findings of this study indicate a number of problems in the process of designing curricula in the context of national accreditation. At the macro level, it is evident that a nexus exists between curriculum designs, accreditation standards, accrediting agencies and education providers that will continue to impact adversely on the quality of nursing education. For this reason, the development of standards, policies and procedures that underpin accreditation across the higher education sector cannot continue to primarily be a committee-based exercise as it appears in its current format (ANMAC, 2014). Meanwhile at

a local level, the unfamiliarity and tension with which participants in the study (curriculum designers and accreditation managers) navigated the process, reflects a gap between those who interpret the standards and those who advise on the adherence to these standards. Some may argue that it is the role of the Accreditation Manager to resolve this, but there are too many factors at play to leave such an important interface to informal discussions and irregular contact.

Clear and immediate steps must be taken in order to improve both the accreditation process and its standards. Responsibility for building capacity across the system lies with both the accrediting authority and the education provider and each must purposefully take responsibility for their role in program design in the context of national accreditation. As a priority, two principal strategies are proposed to address the dearth of capacity and expertise in the domains of nursing accreditation and whole-of-course design.

The first of these strategies is the development of academic staff capacity through continuing professional development (CPD) aimed at building skills in curriculum design and accreditation. Using this approach, selected staff who undertake CPD in accreditation and whole-of-course design may act as local resource points for curriculum designers and provide communication liaison between educational institutions and Accreditation Managers

The second key recommendation from this research is to enhance the approach used in the design of curricula. The process of designing undergraduate nursing curricula and submitting a program for accreditation requires strong project management skills, the absence of

which was compounded by unfamiliarity with *navigating the process, rising tensions* when negotiating the requirements and ultimately *settling for less* with the final product. In many instances, participants expressed regret at not having implemented approaches to project management earlier in order to control both the quality of curricula and the progress of the submission towards successful accreditation. To this end, the concepts and categories presented in the findings have been used to reverse-engineer a framework for approaching curriculum design in the context of national accreditation. The brevity of this framework (Figure 2) reflects a process of refinement that occurred during the iterative process of analysis in this study and that incorporated feedback obtained from participants in response to being presented with an abstract of the findings.

Insert Figure 2. Framework for approaching curriculum design in the context of national accreditation

The need to establish clear, systematic evidence-informed approaches to curriculum design in Australia is paramount to the quality of nursing education across the country. While brief, it is anticipated that this framework will offer a means to curriculum designers to identify strategies that will facilitate a successful process of designing undergraduate nursing curricula in the context of national accreditation.

LIMITATIONS

In declaring the limitations of this research, it should be observed that while the pool of potential participants is limited, every state and territory that had an accredited baccalaureate nursing program at the time of this study is represented in the data. A further limitation acknowledged is that this study investigated the process that extended only to

the point of submitting a program for accreditation and did not include the role of the expert review that occurs via the ANMAC Registered Nurse Accreditation Committee. Because academics were task-orientated during the process, the role of the accreditation committee in informing the quality of nursing programs was not acknowledged. Thus the extended functioning of the accrediting authority did not fall within the boundaries of this study as directed by the analysis. This may, however, be the focus of future research..

CONCLUSION

The system of nursing education in Australia must facilitate both strong accreditation processes and sound curriculum design approaches that support the production of safe, competent and relevant graduates. At present, significant issues appear to impact on this system, with approaches used in curriculum design of particular concern. Although the challenges that are evident may appear significant in their impact, remediating the current deficiencies should be achievable by a coordinated program of capacity building along with strong project management of curriculum design at an organisational level. Principally, while the processes may be rectified through such measures, national conversations and further research into this area must be encouraged if the issues are to be comprehended and responded to more meaningfully.

REFERENCES

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., & Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824-1830.

Alinier, G., Hunt, B., Gordon, R., & Harwood, C. (2006). Effectiveness of intermediate-fidelity simulation training technology in undergraduate nursing education. *Journal of Advanced Nursing*, 54(3), 359-369.

ANMAC (2014). Standards, Accreditation and Assessment Committee. Accessed June 26th, 2014 at: <http://www.anmac.org.au/standards-accreditation-and-assessment-committee-0>

ANMC (2009) ANMC Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia - Registered Nurses. Canberra: Australian Nursing and Midwifery Council.

Bartels, J. E., & Bednash, G. (2005). Answering the call for quality nursing care and patient safety: a new model for nursing education. *Nursing administration quarterly*, 29(1), 5-13.

Birks, M., Cant, R., Al Motlaq, M., & Jones, J. (2011). "I don't want to become a scientist": undergraduate nursing students' perceived value of course content. *Australian Journal of Advanced Nursing*, 28(4), 20-27.

Brown, L. P. (2011). Revisiting our roots: Caring in nursing curriculum design. *Nurse Education in Practice*, 11(6), 360-364.

Crookes, P. & Bradshaw, P. (2002). Developing scholarship in nursing—steps within a strategy. *Journal of Nursing Management*, 10(3), 177-181.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

DeSimone, B. B. (2006). Curriculum design to promote the critical thinking of accelerated bachelor's degree nursing students. *Nurse Educator, 31*(5), 213-217.

Ferguson, L., & Day, R. A. (2005). Evidence-based nursing education: myth or reality?. *The Journal of Nursing Education, 44*(3), 107-115.

Gaynor, L., Gallasch, T., Yorkston, E., Stewart, S., Bogossian, F., Fairweather, C., Turner, C. (2007). The future nursing workforce in Australia: baseline data for a prospective study of the profile, attrition rates and graduate outcomes in a contemporary cohort of undergraduates. *Australian Journal of Advanced Nursing, 25*(2), 11-20.

Glaser, B., & Strauss, A. (1967). *The Discovery of grounded theory: Strategies for Qualitative Research*. California: Transaction Publishers.

Jackson, D., & Daly, J. (2004). Current Challenges and Issues Facing Nursing in Australia. *Nursing Science Quarterly, 17*(4), 352-355. doi: 10.1177/0894318404269389

Jeffreys, M. R. (2007). Tracking students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse Education Today, 27*(5), 406-419.

Lavery, J. F., & Patrick, K. (2007). Burnout in nursing. *Australian Journal of Advanced Nursing, 24*(3), 43.

Levett-Jones, T., Fahy, K., Parsons, K., & Mitchell, A. (2006). Enhancing nursing students' clinical placement experiences: a quality improvement project. *Contemporary Nurse*, 23(1), 58-71.

Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of undergraduate nursing students: an Australian case study. *Journal of Advanced Nursing*, 39(2), 119-126.

Mills, J., Birks, M., & Hoare, K. (2014). Grounded theory, in J. Mills & M. Birks, *Qualitative methodology: A practical guide*. London: SAGE.

Potempa, K. M., Redman, R. W., & Landstrom, G. (2009). Human resources in nursing education: A worldwide crisis. *Collegian*, 16(1), 19-23.

Ralph, N., Birks, M., & Chapman, Y. (2013). The accreditation of nursing education in Australia. *Collegian*. doi:10.1016/j.colegn.2013.10.002 (In press)

Streubert Speziale, H., & Jacobson, L. (2005). Trends in registered nurse education programs 1998-2008. *Nursing Education Perspectives*, 26(4), 230-235.

Thomas, E., & Davies, B. (2006). Nurse teachers' knowledge in curriculum planning and implementation. *Nurse Education Today*, 26(7), 572-577.

Thompson, D., & Darbyshire, P. (2013). Is academic nursing being sabotaged by its own killer elite? *Journal of Advanced Nursing*, 69(1), 1-3.

Tiwari, A., Chan, S., Wong, E., Wong, D., Chui, C., Wong, A., & Patil, N. (2006). The effect of problem-based learning on students’ approaches to learning in the context of clinical nursing education. *Nurse Education Today* 26(5), 430-438.

Waugh, A., McNay, L., Dewar, B., & McCaig, M. (2013). Supporting the development of interpersonal skills in nursing, in an undergraduate mental health curriculum: Reaching the parts other strategies do not reach through action learning. *Nurse Education Today* volume, issue and page numbers

TABLES

Table 1. Participant Demographics

TYPE OF EXPERIENCE	MEAN	RANGE
Experience as a registered nurse (in years) n=13	29.15	19 - 38
Experience as a nursing academic (in years) n=10	18	6 - 28
Experience as an accreditation manager (in years) n=3	1.33	1 - 1.5

FIGURES

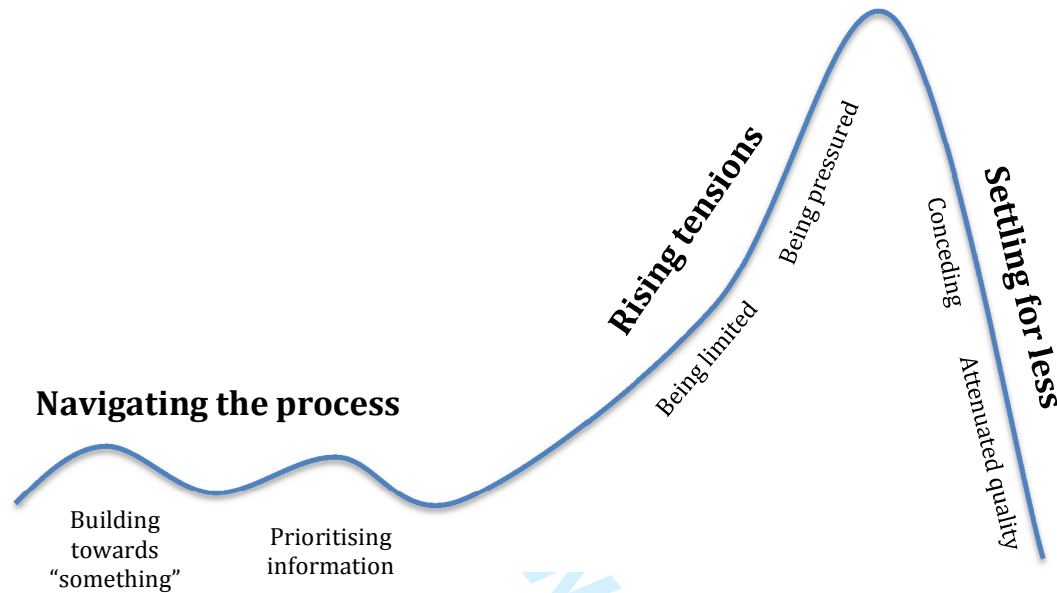


Figure 1: The process of curriculum design in the context of national accreditation

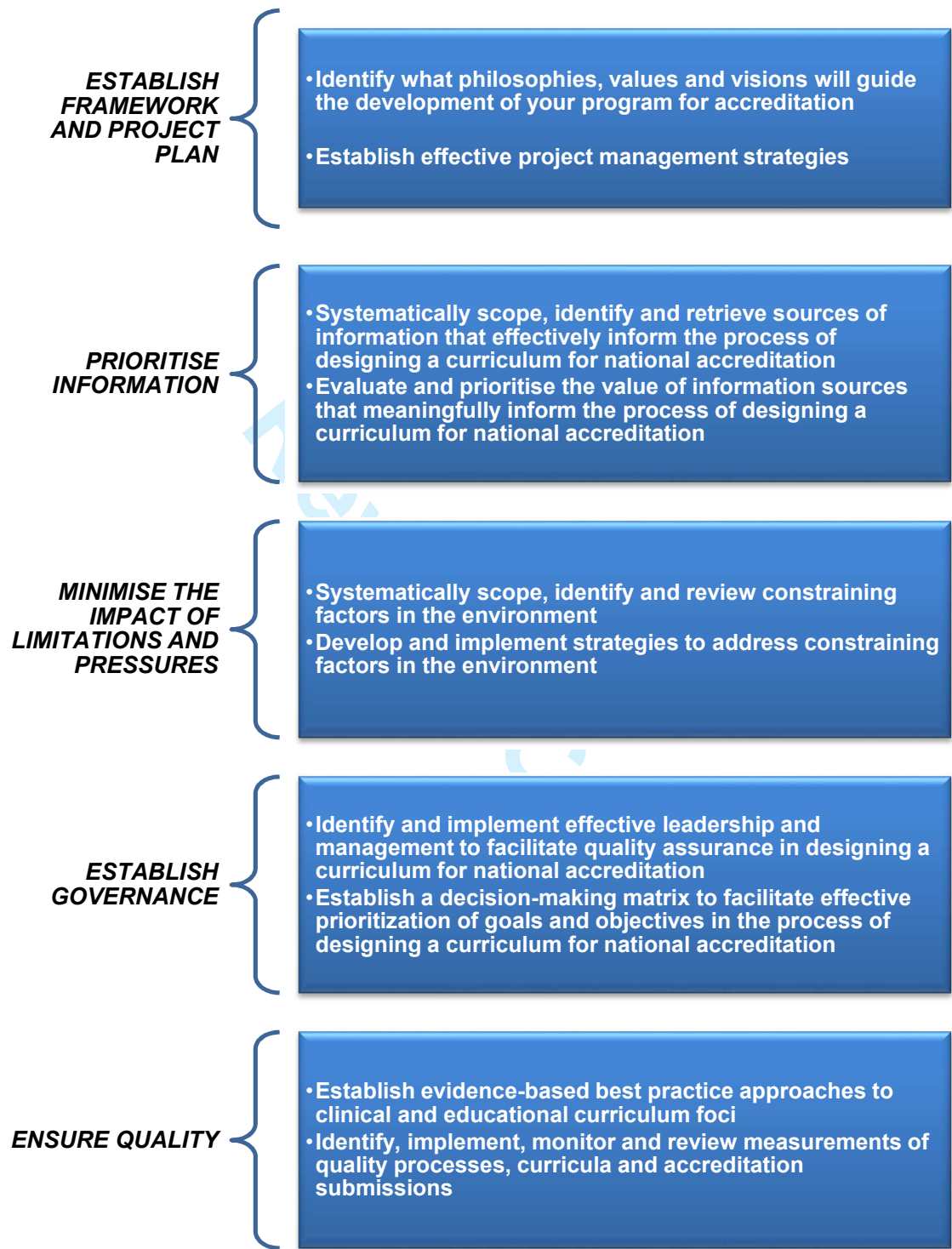


Figure 2. Framework for approaching curriculum design in the context of national accreditation

SUMMARY

The quality of nursing education is of paramount importance to the continued relevance and future advancement of the nursing profession. In this chapter, an abstraction of the theory has been presented in concert with targeted recommendations aimed at addressing the shortcomings in the process that have been identified in the data. This chapter provides an important overview of the entire theory for the reader and prefaces the full version of the storyline that is presented in subsequent chapters. By apprehending the major findings in abstract, the reader is now prepared to approach the following chapter in which the first category of *navigating the process* is explicated through the use of storyline.

CHAPTER SIX

“Navigating the Process”

PHASE 1: NAVIGATING THE PROCESS

INTRODUCTION

The previous chapter provided a summary of the storyline that is the theoretical product of this research. In this and subsequent chapters, the storyline will now be expanded and explored in greater depth and detail in order for the reader to gain deeper insights into the phenomenon being researched. This chapter presents findings from the first sub-category of the storyline, that of *navigating the process* (Figure 6.1).

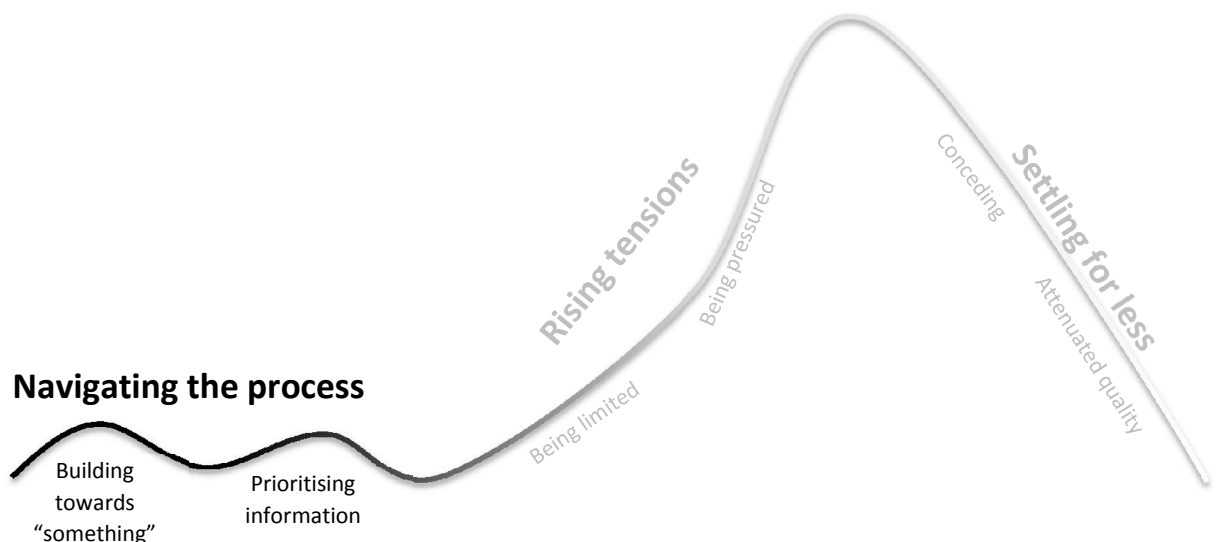


Figure 6.1. Navigating the process of curriculum design in the context of national accreditation

NAVIGATING THE PROCESS OF CURRICULUM DESIGN

Navigating the process of curriculum design in the context of national accreditation is a complex undertaking. For many of those involved, their engagement was informed by personal and professional perspectives towards nursing education and the nursing

profession whether from the experience of designing curricula; directing an accreditation submission; or assessing a nursing program as an assessment panel member. The aim of the process was to produce and deliver a program of nursing education that ensures quality graduates and meets the professional obligation of public interest and safety. Addressing such broad aims required an immense level of skills, knowledge and experience from participants in order for them to adequately address the expectations of the profession and the public.

Initially, inexperience brought a degree of stress to navigating the process. A lack of familiarity with the nuances of new accreditation requirements and standards heightened the stressful nature of the situation. A careful, deliberate methodical approach to meeting minimum requirements was necessary to clearly identify what was required of participants:

... we were having to steer our way through a process we weren't overly familiar with as we hadn't done this [designing and submitting a curriculum for accreditation] for quite some time. It was stressful ... we had to be careful and just take each phase step-by-step to make sure we were operating within the requirements of this new accreditation process ... we had a mapped route from start to finish in the early phases which helped us with knowing exactly what was required.

Inexperience and unfamiliarity often led to digression from agreeing upon a vision. Given the stressful nature of preparing a curriculum for submission to the accrediting body, instilling focus among participants was central to minimising deviations – whether valuable or not – from national accreditation requirements:

... a team member may go off on a tangent and it's about pulling them back; it's like well, that might be an interesting and worthy issue but we are here to look at the standards only, so if it's not in the standards we don't want to go there.

... some [participants] are not so experienced in curriculum development. They regress to what they were familiar with, you know, their past experiences inform the curricula more than the accreditation requirements. As a result, they need a little bit more guidance to help them actually build their submission and get back on track.

The design of curricula and the submission of accreditation documents was therefore largely informed by participants' own perspectives and often resulted in tensions between their peers, the accreditation requirements or other regulatory requirements. Receiving guidance from a wide range of sources was crucial to getting back on track and becoming focused. The immensity of the task demanded a level of focus that hindered opportunities for critical discussion of the work being done:

Staff didn't have the time to enter into any real debate about what was best for the patient or profession. While there was some discussion it was cursory, really. There was so little time and so much new information to compute that many of nursing's core values were sacrificed at the altar of 'getting it done'. They wanted to be able to tick off that, "Yes, this unit does this, this and this, and does this, this and this". It became more about getting it done than getting it done right.

By focusing more on getting it done than getting it right, participants approached the accreditation process with uncertainty and haste:

... it was about plotting a course or hatching a plan towards a successful submission because many requirements were not what we were used to dealing with. With the timeframes so tight it became more about building towards something complete rather than standing on the shoulders of giants. Where it was going to end up was quite vague ...

... yes, you do have to plot a course and plan for action. Yes, you have to construct a quality submission but that approach more often than not turned into a hive mind mentality with little perspective of what the end point would look like and whether it would even work as intended.

While plotting a course towards a successful submission demanded the establishment of a clear end-point, a tick-box mentality often marked the actions of actors during curriculum design and meeting accreditation requirements. Navigating the process represents a compromised environment in which pressured participants – inexperienced and unfamiliar with the process of accreditation or curriculum design – adopt a largely uncritical, task-orientated approach to the process. In navigating the process, participants engaged in *building towards “something”*, a process hinged on *prioritising information* used to inform the development of a new nursing program.

Building towards “something”

The process of building towards “something” was marked by buoyant optimism as participants approached accreditation very positively. Academics relished the prospect of designing a new curriculum and were looking forward to having it accredited by the national

body. Old curricula were seen to have outstayed their welcome as academics became tired of teaching into programs that did not reflect the content or style of delivery they were satisfied with. Their eagerness to change the design of curricula and start afresh led to a failure to appropriately consider the risks associated with the process and ultimately led to early problems arising:

... everyone was really excited when we started the accreditation process, we just couldn't wait to fix our old curriculum ... it wasn't just rebuilding – it was the chance to start over. Looking back, I guess we never entertained the notion that we could make an almighty mess of it ...

Despite efforts aimed at building towards “something”, the process was marked by ongoing construction towards an unclear goal. While participants spoke of building towards “something”, they were unable to define what that something was:

... oftentimes it was really about pulling back and asking the question, “Are we on the same page here”? I guess there were times when a lot of work was being done but it was an illusion of action because it didn't produce much in the way of meeting the needs we'd identified. Looking back, if we were honest, we weren't sure where it was we'd come from, where we were headed or whether any of the work we'd done was what everyone wanted or even needed. We knew we were building towards something – we just weren't sure what 'it' was.

Attempts to overcome early deficiencies in designing and developing a curriculum for accreditation involved the adoption of a project management approach. By bringing a measure of coordination to the process, participants were able to view it clearly and

collectively. The establishment of resources such as advisory committees; working groups; curriculum experts and a formalised structure of management and leadership were viewed as pivotal elements in facilitating a successful outcome:

... the project management approach is really important so that you get a vision of what it is that you're going to do as a whole. I think we shot ourselves in the foot somewhat as we waited too long to formalise our approach to the whole process. I think if we had started well, we would have finished a lot better and perhaps mitigated some of the more negative stuff that took hold early in the piece.

Early deficiencies were best met by introducing a project management approach at the outset. In some instances, the disadvantages of failing to formally manage the process were evident:

I was brought in halfway through, just really to help project coordinate which has been problematic for us. I came on late in the process and have had to project coordinate this and eventually write it up. I think if you involve staff early and embrace a common vision, then you're not going to get the problems that we had when you see the subjects that they've written and you think, "that's not – we didn't want that,"

Having such a vision was an important facet of the process as it allowed participants to conceptualise a clear approach to designing and developing a curriculum and preparing a submission for accreditation. While participants reported the need for a common vision, the reality of achieving as much was far different to the ideal:

... there is a deep difference between envisaging the ideology and realising the reality in every phase of both designing [a curriculum] and submitting it for accreditation.

Intrusions on realising a collective vision in the accreditation of a nursing program were many and varied. Participants reported having to compromise on the quality by altering the collective vision to align more to the ideals of universities, professional groups and individuals. Invariably, visions aspiring to a particular standard of curriculum were stymied by having to cater to groups that purported to represent the best interests of institutions, the profession and even patients:

You can have the best of intentions and a shared vision with your colleagues but ultimately it will be hampered by someone, somewhere telling you they know better. Maybe they do, maybe they don't – all of them think they do though. No one has the answers; not the militant mental health people, nor the primary health care advocates, not even the patient advocacy groups as all of them have a barrow to push. The worst part of all that is that after you've fended off the first wave of attack, the university comes along with its 'volume before quality' philosophy.

Participants reported that because compromises were made, the vision for a new nursing program became diluted to such an extent that in some instances, it was unrecognisable as a concept. Having to compromise on the collective vision for their nursing program was also reported as a difficult process personally:

... I do think in the long run the vision is still there although it's been watered down slightly as we had to compromise on so many things

... having to adjust our vision – what we would all be teaching soon – just sapped away all our enthusiasm for the process. It was our vision, what we believed in and one which we'd worked so hard to formalise...they just took it away from us...it was like being blinded as we just had no idea where to go next. How can you respond to the standards when they take away the very thing that was informing your response? The worst part about it was that it wasn't just the university, it was our mental health colleagues and some other clinical cliques who were intervening to undermine what had initially been a collegial process...from then it became about just getting it done...doing the minimum to get it through.

The disconnection between ideology and reality facilitated disengagement among participants who perceived the accreditation process as a mere task to be completed. Being task orientated became a dominant factor among many participants. Lacking experience, familiarity, expertise and now engagement, participants saw the irony in pursuing curriculum design and the accreditation process with a task-orientated mindset:

... if it wasn't so sad it would be funny. You know, there's a certain irony to being task-orientated when you're writing a new nursing curriculum. Basically, we're approaching the process as staff with a task-orientated mindset to produce a curriculum which discourages a task-orientated mindset among students.

Overwhelmingly, the most notable roots of a task-orientated approach to the accreditation process were credited to so-called relics of the nursing profession:

... nursing is a victim of its relatively limited experience in academe and the relics that came with it. It's the Sister Tutor legacy of those who came to the tertiary

environment when nursing did, with barely a PhD – not that a PhD teaches you how to design a curriculum; the point is, they are either present and inflicting this process-based stuff on people because “that’s the way we’ve always done it” or they’ve passed it down through the ranks to continue on long after they’ve gone.

... there is great risk of being very task-oriented and as I say, some of that drive comes from our clinical partners who historically privilege task over thought.

While the risks of being task-orientated are largely centred around its potential to impact on student outcomes, participants acknowledge that to some degree risks are averted through accreditation standards that protect desired nursing attributes such as critical thought couched in an intellectually orientated profession:

... I do think the standards try and protect against that to a certain extent when they do talk about critical thinking and they do talk about every aspect of the RN competency standards which are not task-focused at all.

Although participants acknowledged that the accreditation standards protected students from the impact of task-orientated curricula, it was apparent that the standards did not protect academics from viewing the accreditation process with a task-orientated lens. For instance, some academics navigated the process with such a fixed end-point in mind that they failed to realise that they had to ensure curricula were delivered as they were accredited. Many participants viewed accreditation as a ‘one-off’ rather than the iterative and continual process it is:

... they have an end point in mind, the nurses have an end point in mind, that they've developed a program of education and that signing off on the program and being listed on that NMBA website is the end point in mind. In a sense I would view that as almost a task-orientated philosophy, although accreditation in reality is a continuous iterative process. They just don't get that it's only when they start delivering that program that the really important work starts...there's no doubt it is a task but it's situated on a continuum of 'iterative-ness'. You don't just meet the requirements and get a big tick and be done with it. It's about meeting the requirements at all times whether you're working towards a submission or delivering a program four and a half years after submission.

This emphasis on meeting requirements was paramount for those involved in preparing an accreditation submission. The array of requirements to be met is vast and spans across tertiary and professional contexts. The accreditation standards establish criteria for measuring whether a program has met the requirements of the profession although they can be interpreted quite broadly. To overcome matters of interpretation, ANMAC appoint a panel of experts according to their requirements that assesses the quality of the accreditation submission through an objective lens:

... we try to ensure that the assessment team are a good fit for the program they are assessing ... they should be providing the expertise around the curriculum and the pedagogy, you know really looking at the finer detail of that.

Nevertheless, some assessment panel members were perceived as lacking the requisite professionalism, experience and knowledge, by both the education providers they were assessing and the accreditation managers who managed the process on behalf of ANMAC:

... a lot of the time you don't get highly skilled academics necessarily that have got a lot of really good input because highly skilled academics that could make a good contribution are too busy doing other stuff to be bothered doing that. So you get people that are trying to justify their jobs or who are trying to fill in the time basically or have something to put on their CV and that is not a good reason to be on an accreditation panel. And I know that sounds cynical, but I just – you know, when I looked at the people that came to see us, I thought, "Who are you? And who are you to be subjectively discussing the way that we operate as a school?"

... one of the greatest challenges I have had has been personal agendas of the assessment team.

In spite of the great challenges that exist and the sub-standard assessors that can compromise the context of the situation, the nature of the accreditation process is centred on easing tensions that arise by finding consensus among those who are building towards "something". While that *something* does often remain indefinable, it is the iterative and ongoing nature of this process that leads to the inability to identify and articulate a clear end-point:

... you've got tension and you've got consensus and then the moment the program realises the full consensus and the NMBA signs off on it and everyone cracks that bottle open, you've again got that iterative back and forth process of tension seen in

compliance requirements. It is inherently iterative and fundamental about resolving tensions and reaching consensus. It's about making small compromises in deciding what is important; prioritising information that deserves a place more so than another piece.

Prioritising information is a key starting point in building towards “something” and occurs concurrent to the design of a curriculum. The process of prioritising information is pivotal in that how it is performed ultimately informs the final shape and function of an undergraduate nursing program.

Prioritising information

Prioritising information involved an extensive number of sources that are different across institutions and for each accreditation process. Sources range from professionally relevant literature and input from individuals and groups. Prioritising information facilitated the processes of determining philosophical frameworks, projecting and planning for health priorities, and highlighting strengths and weaknesses in designing curricula.

The manner of prioritisation determined the information used, resulting in an inconsistent approach to sourcing strong informants of the accreditation process. Participants reported prioritising information through mechanisms such as professional judgement; stakeholder perspectives; student and staff feedback; clinical experience and interests; personal opinion; benchmarking; consultation processes; and changing societal contexts. Information sourced was as varied as the manner in which it was prioritised as participants used philosophical and theoretical frameworks; grey and peer-reviewed literature; organisational policies; the

accreditation standards; and previous undergraduate nursing curricula to inform the design of curricula. Prioritising this information led to its eventual inclusion as an informant in the preparation of an accreditation submission.

Lack of consistency in methods of prioritisation and gathering sources of information contributed overwhelmingly to the discontent of many participants:

You think you've accounted for all appropriate information and invariably someone will try present a report, a paper or some form of document to trump all the work you've done to date...you would think that academics would be skilled at prioritising information...they might be great at determining its validity as a source but oftentimes, I think they often fail to see its worth as an informant of curricula.

While participants were able to competently select information based on its scholarly merit, determining whether the information had merit to the vision was difficult for participants to ascertain, especially in view of emerging dissent to the agreed path forwards in designing curricula. Participants reported feeling stressed at the thought of prioritising information without knowing whether their approach to using evidence was compromising the vision and purpose of the curriculum and the context it was to serve:

Curricula aren't designed in isolation of the society it is intended to serve. The difficulty with that is I know what good information is but it doesn't necessarily mean I'll know when and where to use it ... designing curricula is not performed in isolation but how can we understand the context?

It is a difficult and stressful task...the worst part is that I can gather information all

day long and still end up with a beautifully written curriculum devoid of any local context ... sometimes, you have to compromise ... just to get through the process but [it] may not translate to the health needs of the population we serve.

Gathering information was necessary to gauge the scope of work required in addition to understanding aspects of the accreditation requirements. For instance, participants commonly reported grappling with the literature in order to comprehend the minimum number of professional experience hours required of ANMAC compared to the minimum number of hours appropriate to their curriculum:

... we couldn't figure out how the 800 hours came about. We would have to reduce our hours quite significantly from around 1000 or so ... which just didn't feel right. As much as we searched for information to justify that [number] we couldn't find it and had concerns. It felt like we had to compromise on the quality of our curriculum to meet the standards ... and keep the budget in check.

... the history of that [800 hours of clinical placement] is that there is no research, absolutely no research that states how many clinical hours equate to strong learning outcomes. So the 800 hours came about by consensus. We looked at what all the individual states were doing, we averaged them out, put it out for consultation, people were quite happy with it. So the 800 hours isn't evidence-based at all and ANMAC knows that there is no - sadly there is no evidence to say how many hours are required.

In the absence of a strong evidence base, many aspects of the accreditation process are marked by the perception that quality is being compromised in order to reach consensus throughout the profession. Gathering information became a cursory and passive exercise for many participants whether this was done in the process of collecting evidence for an accreditation submission or for the purpose of assessing that submission. The process of assessing and approving an accreditation submission was seen by academics in terms of timeframes rather than scholarly critique.

...no one was going to say no as it was only ever about meeting a standard and getting the box ticked. We were there to provide the reams of paperwork they wanted whereas we wanted them to engage in a collegial, sort of, robust critique of what we'd submitted to them...you know, we wanted to be challenged...we encouraged them to ...but instead we had a "you've done a great job" kind of response. Where's the intellectuality in that? ... anyone should be able to meet the requirements and provide loads of info but why not go beyond that for the good of the profession?

For participants, prioritising information was performed according to their interpretation – whether accurate or inaccurate – of what inclusions of content would enhance the quality of their curriculum. Sources of information and the mechanisms used to prioritise them were diverse and lacking in consistency and robustness. Invariably, while participants were successful in navigating the process it remained apparent that they shared a broader concern that the lack of adherence to a clear vision and inconsistent approaches to including content clearly compromised curriculum design from the outset. Participants engaged in the

process were led to question whether such disorganisation could ever produce graduates with the knowledge and skills relevant to the public interest.

SUMMARY

As the initial category of the storyline developed from this research, this chapter has presented the phase of *navigating the process*. Explicating the unfamiliarity and lack of systematicity in both designing curricula and preparing for accreditation addresses a major aim of the research. The challenges for participants inherent to *navigating the process* only served to segue into the next category, named *rising tensions*. In the following chapter, the nature of *rising tensions* will be described, discussed and explained through a detailed examination of this phase of the storyline.

CHAPTER SEVEN

“Rising Tensions”

PHASE 2: RISING TENSIONS

INTRODUCTION

Following the challenges of *navigating the process* experienced by participants as presented in the previous chapter, I now move on to the second phase of the storyline that culminates in participants *settling for less*. The nature of this phase sees it characterised by a degree of negativity in parts that is indicative of the participants' frustrations as they move through this process. Through the collection of further data and focused analyses however, I have been able to ensure that the elements of the theory presented in this chapter as the second phase of the storyline are a credible reflection of the participants' experiences. In *rising tensions*, the arduousness of the process – sometimes beset by conflict and bias – is presented (Figure 7.1) as an extension of the storyline commenced in the preceding chapter. The significance of this phase in leading participants to settle for less is evident through the comprehensive nature of the following discussion.

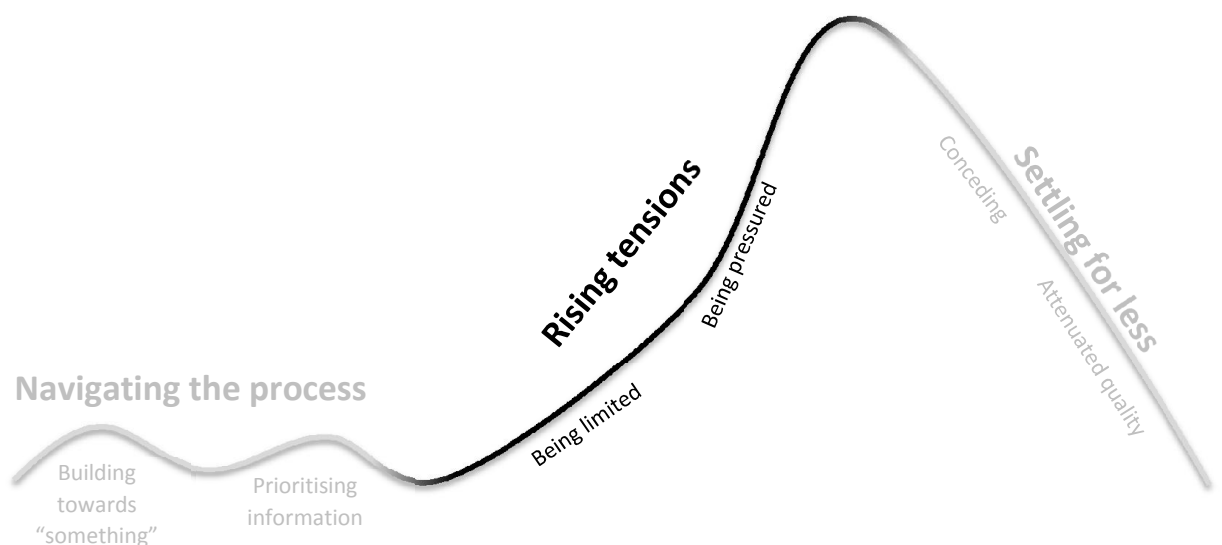


Figure 7.1. Rising tensions in designing curricula in the context of national accreditation

Rising tensions had a profoundly negative impact on the way people perceived the experience of developing an undergraduate nursing program for accreditation. For many, the process was fraught with tension and led to high levels of stress among participants. Widespread stress was evident as the pressures of designing a program with limited resources weighed on participants. Strong dissatisfaction with the experience was heightened in view of academics who lacked expertise, colleagues who lacked professionalism, and institutions who failed to provide support. The onslaught of pressure from working in a highly tense environment was exacerbated by scarce resources and resulted in participants feeling forced to make compromises. Many participants believed their work had been nullified by the limitations and pressures of the context in which they worked. They viewed the process as one afflicted by unfair, unjust and unnecessary impositions on those working towards the accreditation of a nursing program. Rising tensions were seen as a crucible for exposing underlying weaknesses in the nursing profession and led to strong cynicism about its future prospects.

Initially, using the new standards of nursing accreditation led many curriculum developers to embark on the process with optimism. They saw national nursing accreditation as an opportunity to collectively strengthen nursing education across the country. Soon, optimism and opportunity were replaced by frustration as few familiarised themselves with national accreditation requirements and tensions mounted over the failure of academics to engage with the process. While many participants anticipated that new requirements would translate into a steep learning curve for staff, they were unprepared for the widespread disengagement that categorised academics' response to such a significant change to the national landscape in nursing education. Feeling let down by colleagues and aggrieved by the

widespread apathy to accreditation, some participants questioned the direction of the nursing profession and expressed strong emotions and viewpoints:

... we really relished the prospect of undergoing accreditation as it was chance to benchmark ourselves nationally. As a profession we should be celebrating this [national accreditation] as it's a golden opportunity to really make nursing education great ... instead, you've got 70 to 80% of the faculty who couldn't be [expletive] to get off their [expletive] and familiarise themselves with the new requirements ... I've been a part of three accreditations now at two different institutions and this attitude appears to be rife ... it really makes you think about why you bother at all with nursing ... I will never do an accreditation again – not because of ANMAC but because of the way some of my colleagues behaved ... it brings my retirement plans forward because I don't know whether I could put up with undertaking that process again ... I am angry, of course I am ... it nearly killed me ...

The significant tension experienced by participants had a dramatic impact on their lives both personally and professionally. Participants felt as though the personal and professional demands imposed on them during the process were unreasonable. Personally, many were led to question the insight and empathy shown towards those tasked with developing a nursing program for accreditation. The pressure of having people scrutinise, criticize and disparage their efforts towards the process was an overwhelmingly demoralising experience. Participants reported having to take on the heavy workload of producing a submission for accreditation in addition to their existing responsibilities, forcing them to compromise on the quality of their teaching, ongoing research, professional development and family commitments. Because significant personal and professional compromises were made by

participants to ensure they could commit to the accreditation process, many felt as though the limitations and pressures placed on them were unfair, unjust and unnecessary:

... everyone wanted you to deliver yesterday. Your colleagues, the faculty, ANMAC ... you name it. It felt like no one understood what you were going through ... which was made worse by the way people behaved.

The whole process is just incredibly tense ... tensions just rise and rise the further you go ... The work piles up and it gets worse as deadlines approach but you would expect that with significant changes in a short space of time ... what you don't expect is how badly most of your colleagues react to it ... in many respects, I get it because I suffered personally and professionally ... my family didn't know me for most of the year, my PhD was put on hold, my courses were barely delivered, and my research was sidelined ... I had to throw everything at it [the accreditation process] just to get it done with the limited time and money we had ... it was so unfair and could have been avoided if our processes were better.

Inadequacies in the process of curriculum design were strongly associated with failures that participants felt existed within the profession and the university more broadly. There was overwhelming evidence of high levels of tension between staff as those from different clinical specialties fought to include pet content in the curricula. Even the accreditation assessment team was not immune to pursuing the inclusion of specialist content, with some participants reporting examples of panel members' interpretation of standards to reflect their personal biases. Internally, education providers were seen to be compromising the process themselves, with profitability often valued more highly than the quality and

relevance of curricula. In such cases, the need to conform to institutional priorities led to these requirements being upheld to the detriment of the quality of the nursing program:

... it was all very unpleasant ... We were being pressured by people who were clearly acting on their biases just to get themselves heard ... the fighting between clinical specialties in which clinicians – largely from a mental health background – caused no end of trouble to the efficiency of our processes.

... sadly, the university seemed to value their own bottom line more than they did the nursing profession ... they didn't even take ANMAC seriously; it was like "who are they? We answer to TEQSA and that's why we have these processes"... it was a failure on their part to understand what was happening in our profession.

Failing to respond appropriately to the accreditation process was not isolated to education providers unaware of the new accreditation arrangements. Participants reported widespread disarray in the coordination of the accreditation submission as it was often left to one person or a small group of people to perform. Inevitably, not being prepared for the process of accreditation led to an ad-hoc approach coloured by reactive rather than proactive behaviour. Being reactive placed an immense strain on the resourcing of those working on the accreditation submission. The vastness of work to be accomplished combined with the scarcity of available resources inexorably led to rising tensions among many. Participants clearly felt a lack of physical and human resources whilst being pressured by an array of human and organisational influences that limited them.

Being Limited

Being limited was overwhelmingly associated with rising tensions in the development of a nursing program for accreditation. The constraints many faced while endeavouring to work towards the accreditation submission were a source of constant frustration. While specific issues such as limited time, finances, and staff capacity were pointedly acknowledged by participants, the overall efficiency and effectiveness of the processes used in preparing an accreditation submission were also strongly questioned.

Rising tensions stemmed from a lack of cohesiveness and coordination throughout the process. Whether designing and developing curricula, interpreting accreditation standards, or working in an organisational context, participants felt as though they were limited by poor processes that were distracting and inhibited their ability to get on with the job:

... our approach wasn't terrible but it was terribly frustrating at times. I think because we were one of the earlier programs to undergo accreditation we were caught off-guard by the enormity of it all and got a good bit ahead of ourselves ... we ended up creating quite a bit of work for ourselves ... we were all pretty stressed as we ended up chasing the clock and scrambling for help to supplement our lack of resources ... I think we had a great vision, but we lacked the strategic and operational plans to help us achieve what we had to.

The absence of quality processes impacted on the efficient use of time for those preparing an accreditation submission. Timeframes imposed by school committees, university boards and ANMAC created multiple deadlines and delays at one level of approval often impacted on the progress of work to another level of approval. The expectation to conform to multiple

deadlines created significant stress among participants who were often submitting more than one program for accreditation. Although ANMAC's timelines always took precedence over internal processes, university committees often failed to provide a timely response and hindered the ability of participants to ensure they submitted to the accrediting authority on time. Nevertheless, there was sometimes a perception that ANMAC failed to conform to published timelines for the assessment of programs leaving participants feeling as though their hard work was in vain. Adding to their disappointment was the sluggishness of the NMBA to approve programs recommended for accreditation:

... some aspects of the Council's current operation are cumbersome, repetitive and slow. The time frame for submission of curricula for accreditation is extended and can lead to curricula being developed a full 24 months before they are implemented thus risking their ability to be at the cutting edge and contemporary.

[There needs to be] more conformity by ANMAC to adhere to published timelines for accreditation. [It was] originally 9 months but the average is 11.25 months

... our internal processes really choked us up time wise ... we were pushed just to get it to ANMAC on time.

Although criticism was directed at ANMAC for not conforming to timelines, the limitations of some submissions at late stages compelled accreditation managers (AMs) to provide additional support in order to overcome inadequacies. Challenges arising in the assessment phase also created time pressures as AM moved to keep assessment panel members focused on the standards and timely in their responses. While it was understandable that managing assessment panel members would fall to AMs, some voiced their concerns that

they were being used to overcome issues of resource scarcity and a lack of academic expertise in several instances:

... they [accreditation managers] earn their money. At a previous university I worked at, they practically wrote the curriculum. I thought that some staff tried to abuse their helpfulness ... I mean, hats off to them, but that's not their job ... it should have been contracted out but no one is really doing that and I don't think the money was available even if that was an option.

... I needed to work a lot harder to support some education providers through the process, as well as the assessment team to ensure that the assessment team were on track and giving everything back in a timely fashion so that we could get everything to the accreditation committee in the end ... we tried not to shift on agreed timelines but it was negotiated as much as feasible.

The limited time available to those involved in the process elevated tensions and was further compounded by limited financial resources available to buy out academics' time, allocate staff to the project, or secure appropriate resources for the program. Although the time pressures called for the allocation of an appropriate level of staffing and resources, education providers continued to rely on individuals or small teams who received little or no workload relief to complete the accreditation submission. Without adequate funding and in view of time constraints, participants reported feeling frustrated as they were compelled to make compromises in order to meet deadlines and budgets. Participants expressed their disappointment that insufficient time and money created shortfalls between what was envisioned and what was feasible to deliver. For instance, as deadlines closed and finances

dwindled, many participants reported feeling anxious at the prospect of having to compromise on the quality of work being performed in order to complete the accreditation submission:

In the end we just got there ... we had no money to employ anyone and only a handful of reliable people to get stuff done ... it all left a bitter taste in our mouth as nothing could take away from the feeling that despite a great deal of help and understanding from ANMAC, we'd failed ourselves and fallen short of what we were really hoping for ... we had to adopt a 'near enough is good enough approach'... it was handy that the standards are so open to interpretation because we could get away with cutting corners here and there.

Having to take shortcuts was strongly associated with the limitations of context as participants were forced to make compromises that impacted on the quality of the program they were submitting for accreditation. The limitations placed on curricula in view of the constraints on time and finances were acknowledged by participants who also raised concerns that changes in the model of delivery were affecting the quality of education. For instance, consultation processes with key stakeholders were curtailed as universities condensed teaching periods in order to offer extra terms of study to students. The failure to strongly engage with key clinical stakeholders not only impacted on the negotiation of clinical placements but also – in some instances – led to compromises around how clinical experience was integrated into the curriculum. Participants acknowledged that the scarcity of placements was such a significant issue that strong partnerships were necessary to negotiate viable clinical placement models that enhanced educational delivery. As teaching

terms reduced in size, participants felt that the opportunity to schedule clinical placement hours was compromised, leading to reactive approaches to educational design:

We're teaching across ten week terms throughout the year ... that creates problems as we really have to approach how we deliver the program differently ... students probably feel as though their clinical placement is some strange form of speed dating ... it becomes very intensive which is code for 'superficial'... it feels as though we are nothing more than a factory for mediocre nursing students.

Although the integration of clinical placements in the curriculum was an ongoing concern to participants, the perception that accreditation standards had succumbed to a national impetus to reduce clinical hours on the basis of expense was strongly criticised. Participants expressed bewilderment at the rationale behind establishing 800 clinical placement hours as the minimum standard for students enrolled in a pre-registration nursing program. In effect, such a move was seen to reduce average clinical placement hours across Australia and with it a shift of emphasis from one of quality to that of compromise. The very notion of minimum standards was targeted with overwhelming criticism directed at *the minimum* becoming *the* standard. Participants saw such change as a direct path to reducing the quality of curricula across the country:

It was a race to the bottom to see who could cut clinical hours. I know of Deans who were relishing the thought of accreditation as they could slash their placement hours from, say, 1200 down to 800 ... how does this not impact on your curriculum? ...it makes me stressed just thinking about it as I am not looking forward to being nursed in hospital when I am old.

... it is pretty clear that the decision to reduce the minimum standard to 800 hours was something pulled from a hat ... you can't just eliminate a quarter of your clinical placement hours and expect everyone to become experts in SimMan or whatever trend it is this month ... the problem is that no one seems to have thought about this beyond cost implications...sub-standard has become the new standard in this respect.

There were perceptions that poor standards prevailed in a more localized context.

Participants struggled with some staff who were perceived as being unable to function to an acceptable standard in order to contribute to overcoming the constraints of the process.

Participants reported being limited by poor academics and expressed concern about a culture of anti-intellectualism that they believed to be not uncommon in nursing academe.

Such individuals were not confined to educational providers as some participants reported that they had even experienced sub-standard academics on assessment panels. The relative late arrival of nursing to the tertiary environment was seen as a contributing factor to this situation along with a continued emphasis on the value of clinical skills over scholarly ability.

Participants reported that poor academics were seen to be task-orientated, critical of higher-order thinking, and driven by the achievement of competence more than comprehension resulting in superficial, poorly designing contributions to curricula that largely ignored the evidence base:

... there's a culture of anti-intellectualism among many nursing academics in that they reject scholarly conventions ... so if you can teach the most up-to-date information about catheterisation then, you know, get out of my hair sort of approach.

... it's not really that surprising, nursing has historically had the lowest tertiary entrance score. Many nursing academics don't even have a university degree ... and we're really the new kids on the block ... so you are going to get duds or just people trying to figure out how it is all meant to work.

... they are frustratingly and completely ignorant of their own ignorance. They just don't know what they don't know and somehow we expect them not to avoid tricky stuff like 'evidence' and embrace 'buzz-words' like critical thinking ... I am still shocked at the level of naivety of some of these academics and assessors and the very biased and unprofessional way that they view the quality of nursing education.

Being limited by factors when developing a program for accreditation was an incredibly stressful experience for many academics. Not having enough time, money, curriculum resources or expertise limited participants' ability to adequately rise to the task at hand. Instead, tensions rose contributing to a heightened sense of *being limited*. The propensity for some actors to respond negatively to this situation gave rise to biased and unprofessional behaviour and led to participants *being pressured* from multiple sources in the face of competing and conflicting approaches to accreditation.

Being Pressured

Competition and conflict strongly characterised an environment in which the pressure of being scrutinised, dealing with differences and ongoing biased behaviour weighed heavily on participants. The attention given to academics, AMs and assessment panel members was intense as actors scrutinised the legitimacy, competency and capacity of some individuals to

meaningfully contribute to the process. Dealing with differences that arose throughout accreditation was a constant burden as actors fought over complex issues related to the content of curriculum, differences of interpretations and ambiguities in accreditation requirements. Tensions mounted as actors scrutinised others' actions, conflicted over different approaches to curriculum design and aggressively lobbied to include pet areas of interest to the detriment of a collegial environment, professional relationships and the perceived quality of the nursing program.

In a scene of rising tensions, intense scrutiny was seen as a major source of pressure for all participants. Participants acknowledged that scrutiny was inherent to the accreditation process as nearly every individual and aspect within the accreditation process was subject to it. For instance, scrutiny was levelled at both program content and individuals in formal and informal contexts.

While participants acknowledged that formal scrutiny was necessary to determine whether the program conformed to requirements of universities and the accrediting body, the negative nature of informal scrutiny towards academics, AMs and organisations fuelled rising tensions and impacted on work throughout the process. The scrutiny inherent to formal processes such as internal committee reviews and assessment panels were viewed negatively by many academics. Anxiety coloured the scene as many individuals were cognisant of the personal and professional aspects of formal scrutiny. On one level, some participants acknowledged that being scrutinised became a personal experience as it felt as though the assessment was a reflection on their abilities as an individual. More broadly,

participants expressed concern that the scrutiny was intrinsically aligned to a rudimentary level of attainment subject to different interpretations:

... we've got all these processes in place, you know, and they're designed to instil some rigour and convention in accreditation, but I have to say that it does appear to be tailored to a tick-the-box and reach the minimum standard, sort of approach. Realising that just swept our anxiety away from one where we were really anticipating being subjected to a thorough appraisal to a situation where we realised it was all quite fleeting and a little ho-hum...as I said though, I felt like it was really quite cursory.

The potential to emphasise *only* attaining a minimum standard nursing program was a concern for many participants. Flaws in some processes were evident as participants were frustrated by what they saw as a superficial approach to scrutiny as they prioritised attaining a minimum standard over a concerted effort to improve the quality of curricula. Such an approach raised questions from some participants who held concerns over the future direction of nursing education across Australia:

... it's like, have you met this standard? Cue debate and some dumb opinion and then cue box ticking ... it's not that the standard of accreditation doesn't produce a quality program – that hasn't been answered I guess – it's more about the fact that there's no incentive to produce something better than what the minimum standard requires.

You know, I get it, I don't dispute what they [ANMAC] are there for, but I just get the feeling that accreditation is more about creating a level playing field than it is about

stepping up ... I mean, how is this going to produce a better standard of graduate nurse not just in 2013 but in 2023, 2033 and beyond?

Facing the prospect of formal scrutiny, many participants began the process believing their work would ultimately be scrutinised in a negative light. In some cases past experiences with state-based boards and old processes of accreditation drove concerns, as did news of recent negative experiences in accreditation passed on by colleagues. While tensions rose in view of formal scrutiny, they were mostly a positive experience for participants:

I guess I was quite terrified of the thought of them coming in and gleefully destroying everything I'd spent the last 12 months slaving over ... I suppose some of that came from our old state board who adopted a matronly approach, you know, some of them were quite stuck in their ways ... it really was the great unknown – all of a sudden we're dealing on a national scale and I guess you're going to be a little bit nervous about where you stand in the mix ... but it turned out okay despite all our fears.

... I had done nothing but fight with academics for the last 8 months so I was primed for a fight with ANMAC ... I'd even heard some horror stories which later turned out to be furphies ... then they [ANMAC] came in and were actually quite lovely ... they probably wondered why I was so wound up to begin with.

AMs viewed scrutiny as a natural and inherent part of the accreditation process divorced from any punitive notions. They acknowledged the profound tension that many academics experienced at the prospect of having their work examined by the assessment panel and the accrediting body. Although formalised scrutiny was taken personally in some instances, the

experience of academics in opening themselves up to scrutiny such as peer-review drove an expectation that they were familiar with the rigours of the process. By scrutinising the context, AMs believed they were not only alleviating anxieties but also exposing biases among individuals in order to keep some assessment panel members on track. Their role was seen to be central to ensuring the environment between education providers, the assessment panel members and ANMAC remained collegial and professional throughout the process:

I totally understand how an education provider feels under scrutiny ... the assessment team is doing the scrutinising and they're being scrutinised by me about how they work together ... the provider is feeling scrutinised ... that feeling of having your work scrutinised will impact on the process ... I've seen that a few people take it the scrutiny personally ... there's probably a few areas where disagreement pops up ... you've got to remember that there's a lot of that person in the program in what they've developed, but I think in academia we are used to opening that stuff up for scrutiny.

... we usually have a little chat to ease our way into the process ... ease the tension ... we as a team, always have breakfast before the assessment to talk about what we will do ... just staying objective throughout really as it should be a relatively pleasant process.

In the broader context, the elements of informal scrutiny in the process were a notably unpleasant experience for participants. The pressures applied on individuals endeavouring to do their work was seen as unfair, unjust and unnecessary as such scrutiny routinely

descended into grossly unprofessional behaviour and even personal attacks levelled towards academics, assessment panel members and accreditation directors. Overwhelmingly, academics responsible for the accreditation of a new program were subjected to high levels of scrutiny that fuelled strong criticism among staff. Criticism was perceived to be deceptive as participants were the subject of hints and allegations often divorced from the context in which they occurred and misrepresentative of the situation. Simultaneously, participants reported scrutinising others as part of their responsibilities to manage aspects of their process as part of their roles. For instance, academics would scrutinise others to gauge their capacity to contribute to the process and assess the quality of work submitted by colleagues:

... I copped a lot of criticism in this role ... don't confuse it for feedback, it was personal and unfortunately, some colleagues experienced it too ... it was just nasty stuff and mostly from those with no insight ... they told untruths, pretty hurtful stuff really ... they were so intent on maintaining the status quo ... their silos ... they've had here for 20 years – vultures I called them – and they wait for the slightest stumble and swoop ... anything to allege partiality, incompetence or some element of nefariousness if it means furthering their own agendas ... it was just ludicrous.

... a typo in a curriculum document suddenly turned into fodder for debate and eventually the whole unit was scrapped in favour of their specialty ... I guess I wish they would have applied the same lens to themselves, you know, they needed to have a long, hard look at themselves ... they were terribly biased, you know, combative just for the sake of it ... deceptive ... unethical.

Constant biased, unethical and unprofessional behaviour had a devastating impact on the experience of participants and ultimately affected the perceived quality of the program being submitted for accreditation. Overwhelmingly attributed to academics, such behaviour contributed to conflict throughout the process as subversive coalitions were formed in order to push their agendas and reshape curricula to their advantage. Some participants saw bias as a natural part of the specialisation of the nursing workforce in which the need to represent one's own specialty at all costs became of paramount importance to many actors within the scene. Acting on biases driven by the need to represent their clinical or academic interests in the curriculum, such individuals were perceived as anti-intellectualists of little academic capacity and with an alarming lack of insight into the disturbing methods they used to achieve their aims:

... while you're always going to have a soft spot for your own specialty, many academics can't see beyond their immediate clinical experience, they're too dense and too self-absorbed to ever see it...it was like, "I understand that you think your specialty is the bestest most importantest specialty in the whole wide world, but sweetie, that doesn't give you free license to carry on like a complete [expletive] all in the name of getting your own way".

In the face of not achieving their desired influence on curricula, participants overwhelmingly spoke of the negative manner in which academics responded to prospective changes. Participants commonly experienced what they perceived to be grossly unprofessional behaviour as many academics reacted poorly to change and out of perceived self-interest to the prospect of uncertain responsibilities in a new curriculum:

... it's a crucible in which many sub-standard academics realise that the program or subject they've comfortably sat in for so many years is so poorly delivered that standards will force it to undergo drastic changes ... so they react swiftly and harshly. They just can't reconcile their own ineptitude with the concept of improving standards. If it changes, it can't be right because they haven't [changed] in the last twenty years ... so they lash out fiercely.

... you're dealing with vicious, divisive, awful people; smiling assassins, legacy staff – you name it. They aren't qualified to be academics nor do they have the capacity to perform as academics ... [Academics] should be adept at dealing with change but these people aren't and any change will always be seen as an affront to their comfort zone.

The prospect of successfully pushing an agenda was enough for those acting on biases to marshal like-minded ideologues and engage in subversion and siloing to strengthen their collective voice. Participants reported being undermined by coalitions of those representing shared interests in order to achieve the agendas they were pushing. Being successful in this action revolved around being heard as those who shouted down others in an oftentimes acerbic, unprofessional tone were seen by participants to be acting on biases to influence curricula.

The need to affect curriculum design was associated with those who wanted influence without wishing to contribute meaningfully to curriculum design. Participants reported that the lack of academic engagement was a corollary of a lack of ownership by many academics

as the desire to influence content was associated with clinical or research interests more than the need to produce high quality nursing curricula:

... many academics don't care about the product. If they did, they'd contribute to the process rather than be a bit-part player ... we could have avoided much of this silliness if they had just sat down and talked to us in the first instance, but they didn't and they don't see the impact a strong generalist preparation has on the nursing workforce ... because it's their way or the highway ... if the direction taken in curriculum development doesn't sit well with them, they scream, they shout and they stamp their feet until someone relents ... it has come to this: we are appeasing these voices at the expense of patients.

... we just have to overcome the silos of people, you know, face up to them - the people I like to call the coalition of the unwilling - to engage in better dialogue with that sort of thing because at the end of the day, we should all be giving quality programs.

As tensions heightened in such a pressured environment, participants reported confronting individuals in order to highlight the effect their behaviour had on program development.

When faced with such perspectives, actors were seen to counter with unrealistic and exaggerated claims about the merits and benefits their specialty added to the nursing profession. While such views were restricted to a select group of specialties, mental health nurses were overwhelmingly represented in participants' reports of those acting on biases.

Some participants reported the irony of mental health nurses engaging in the mental disintegration of colleagues:

We tried to speak to them, just to reason with them – they wanted something like four discreet units of study in the BN ... their response was all this biomedical model, medical patriarchy [expletive] that doesn't wash with anyone who has little time for the victim mentality ... that's mental health nurses for you ... I've been in this game for a long time and there are some specialties like them who just don't get that it's not all about them. I mean, what, I ask you what, have they done to benefit the population or the profession ... and suddenly they want 1/5 of the curriculum.

... it seems so ironic that a specialty [mental health] which prides itself on a wellness model were pivotal in destroying the psyche of nearly everyone involved in the process ... they weren't alone by any stretch but they were definitely the loudest and most influential.

The need to achieve influence in curriculum content often resulted in unreasonable inclusions as biased perspectives drove changes to curriculum content at the expense of the overall program under design and development. Concerns abounded over the superficiality of curricula as specialty content was included at the expense of generalist nursing skills and knowledge. Perceived core skills and knowledge around acute medical surgical nursing were ignored in favour of obscure clinical areas of focus. The bias of some individuals led to participants reporting absurdities in the design of curricula as the quality of educational delivery was sacrificed to appease those lobbying for the inclusion of areas pertinent to their own agenda:

... Australia has always had a generalist nursing preparation ... since when did it become a Bachelor of McNursing? It's absurd ... it's like we've abandoned the thought

that nursing should be a rich, nutritious experience because someone at the party doesn't like mushrooms or whatever ... the consequence of which is to force feed everyone cheeseburgers, fries and a coke ... what we are witnessing is the McDonaldization of nursing education in Australia ... superficiality at the expense of depth – a cheap, cost-effective bite instead of something nourishing ... it's all about compromising on everything that should be sacred just to appease a few people who have ulterior motives ... and seem to think they know better.

The perception of ulterior motives led to the widespread view that conflicts of interest were poorly managed throughout the process. For instance, some assessment panel members were perceived to be more interested in furthering their own agendas than the accreditation process, leading some academics to question their objectivity. In the context of highly competitive environments and privileged to otherwise inaccessible information, academics expected panel members to be competent, confidential and objective. Interviewees gave numerous instances in which panel members openly sought to solicit business, researchers and staff during site visits to the horror of academics. Publicly available feedback to the NMBA seemed suggestive of the strong concerns about conflicts of interest and supported the view that widespread bias was having a significant influence on the accreditation process:

I have had direct experience of raising concerns regarding a possible conflict of interest with officers of the ANMAC. This was a very sensitive matter that in my view had the potential to disrupt the accreditation process within which I was involved. I was entirely satisfied with the responsiveness and discretion exercised by those officers of the ANMAC with whom I raised my concerns.

While the procedures for identifying and managing conflict of interest seem to be appropriate, there remains a potential for individuals to 'push' their professional association's agenda through the accreditation process.

The pressure exerted on participants by those pushing agendas began to weigh heavily on them. Many participants reported feeling an overwhelming sense of despondency and futility at biased behaviour and began to question the value of the work they were doing along with their future in the nursing profession. The incentive to compromise on their initial aspirations for a high quality, high performing curriculum eventually ceded to the bitter reality that appeasing those acting on biases required participant academics to relinquish on key points in order to reconcile differences and quell rising tensions.

The process of reconciling differences was complex and afflicted by those acting on biases. The impost of biases into a scene marked by rising tensions led to open conflict over different approaches to elements of program development such as curriculum content. Scrutinising others through biased lenses empowered actors to stand firm in their contrariness and gave rise to clashes with academics designing and developing a new nursing program for accreditation. While participants expected differences of perspective to arise, the inability to remedy these differences through reaching a shared consensus resulted in competing approaches where disputed issues remained unresolved:

... it was one stalemate after another. We expected issues, just not the breadth and depth or level of stress that we experienced. Some people just don't get you can't change things because you feel it [the curriculum] should look different to what it does ... but they didn't seem to realise that.

... they wouldn't budge which just made everyone tense ... they were resolute in their error and without full agreement to their demands they weren't going anywhere ... they were more dedicated to their flawed perspectives than we were to our vision and the requirements we needed to meet ... in the end it was just about who yielded first.

Yielding to demands as a way of dealing with differences was made easier in view of perceived ambiguity in defining responses to minimum standards of accreditation. Without a concrete basis to direct responses to standards, the prospect of acquiescing to demands for different approaches to curriculum content became an attractive proposition. Yielding became necessary as many academics were unable to deal with approaches beyond their scope of experience. Overwhelmingly, actors adopted a limited view of curricula contained to their own immediate area of interest. Narrow perspectives highlighted the values of those advocating for a particular thing as participants saw such behaviour as reflective of the widespread disinterest among individuals concerning issues beyond their specialty area:

Few were able to conceptualise what a response to the minimum standard would look like ... more to the point, they didn't try to as they openly exploited any ambiguity to argue for agendas they were pushing ... it was "if it's [the accreditation standards] ambiguous, you can drop that and insert what I want". These people were never interested in surpassing the standards; just doing enough to get by without compromising on what they were advocating for.

... their approaches were based in the past, intolerant of the present and ignorant of what nursing really needed for the future. It was a case of "as long as my specialty is

there, I couldn't care less what's lost to the curriculum"... and in most cases mental health nurses were to blame.

The tension caused by different approaches led to confusion around defining a response to the requirements for accreditation. Confusion created opportunities for those seeking influence, to cast aspersions on the directions taken by academics tasked with working on the accreditation submission. In many instances, criticisms were perceived to be illogical and un conducive to a generalist nursing preparation. The failure of those criticising participants to adequately support their position compounded feelings of anger and led to ongoing annoyance with the process.

Participants were frustrated by the insistence of some in relying on what were perceived to be faulty premises in designing and developing a new undergraduate nursing program for accreditation. Participants commonly reported that despite communicating with education providers, assessment panel members and ANMAC, they were still unsure of how to interpret the standards to meet the requirements. Participants reported that different interpretations of what constituted minimum requirements constrained already stretched resources as academics often had to make significant amendments to the submission in order to satisfy the biases of others:

... while we put the resources into the curriculum document, it would be nice to know exactly, well, what's appropriate for a cohort of this size? What are you actually looking for? What would be a minimum requirement for a school? It says a lot about the process that you have to ask that question ... one member of the assessment panel was satisfied with a piece of paper, another wanted every report ever written ...

when they came back and asked for further changes we turned from compliant to combative ... we had to fight because it was just ridiculous that one person's rather off-kilter interpretation could inflict so much pain on everyone.

Some academics rely on their own flawed experiences or perspectives or what they think is important for students to learn without actually reading the literature, conducting research or attending conferences or to find out really what works and what's necessary ... and I mean even what the law requires ... the insistent and inconsistent [types of people] were my two biggest annoyances as they just stalled all progress and caused added so much stress and pressure to everything.

The complexity of dealing with differences was a source of ongoing angst as participants were forced to relinquish their stance on aspects of the accreditation process in order to facilitate the progress of work. In the face of widespread opposition to curriculum content, conceding to the demands of actors lobbying for a different tack to the process became increasingly attractive. The personal toll of approaching what many participants viewed as an unacceptable compromise to what was perceived to be an already compromised situation drove many to question the worth in maintaining their positions. The realisation that tensions could be eased by ceding to such demands saw it become an easy option and encouraged a risk-averse approach by some in order to avoid confrontation and conflict:

It was horrible. We've always had that tension between what the profession thinks nurses should be; what industry wants the nurses to be; what the government wants nurses to be; and what consumers think we should be ... but there are people who believe they have all the answers and must be heeded at all costs. In most cases, you

give in to them because it's just not worth the risk of dealing with the behaviour these people display.

... everyone is barking orders at you from everywhere. People are relying on us for their program to be accredited and perhaps that is one of many sources of the tension ... they will give you their proof that you're messing the whole thing up when really it's nothing more than googled polemic ... they don't acknowledge that it's unbelievably stressful managing that amount of evidence, let alone discerning what should inform the process ... it's better, I think, just to play it safe and stick with what's familiar to people rather than risk being savaged.

Tensions arose as participants began to question whether their aspirations for the process were congruent with the practicalities of accrediting a program of nursing education.

Despite the multiplicity of approaches to curriculum design, participants feared that caving in to the demands of those agitating for their agendas would result in superficiality throughout the curriculum and compromise the overall quality of the educational experience. Nevertheless, in a scene of rising tensions, participants clearly felt that the pressure had built to such a crescendo that the only feasible response was to compromise on nearly every feature of the program being designed and developed for accreditation.

SUMMARY

The challenges of *navigating the process* in Chapter 6 have given rise to the complexity of behaviour displayed so vividly in this chapter as participants dealt with the *rising tensions* inherent in the process of designing curricula in the context of national accreditation. The elements of the process that characterise this phase serve as a conduit between the first faltering steps that were described in the preceding chapter and the resistance that often proves futile for participants as they find themselves *settling for less*. In the following chapter, the remaining final phase and core category - *settling for less* – is presented in preparation for consideration of the issues raised by the findings of this research in the final chapters.

CHAPTER EIGHT

“Settling for Less”

PHASE 3: SETTling FOR LESS

INTRODUCTION

The previous chapters described the first two phases of the storyline in which participants move through the phases of *navigating the process* and *rising tensions*. In this chapter, the culmination of the process is reached as I discuss the core category of *settling for less*. In this phase, the need for concessions to be made in the design of undergraduate nursing curricula in the context of national accreditation is discussed. Often, such concessions need to be made despite concerns held by curriculum designers in respect of the potential outcome on the perceived quality of nursing curricula across the country. The storyline introduced in these chapters will now be brought to a conclusion as this chapter discusses the significant final phase of *settling for less* (Figure 8.1).

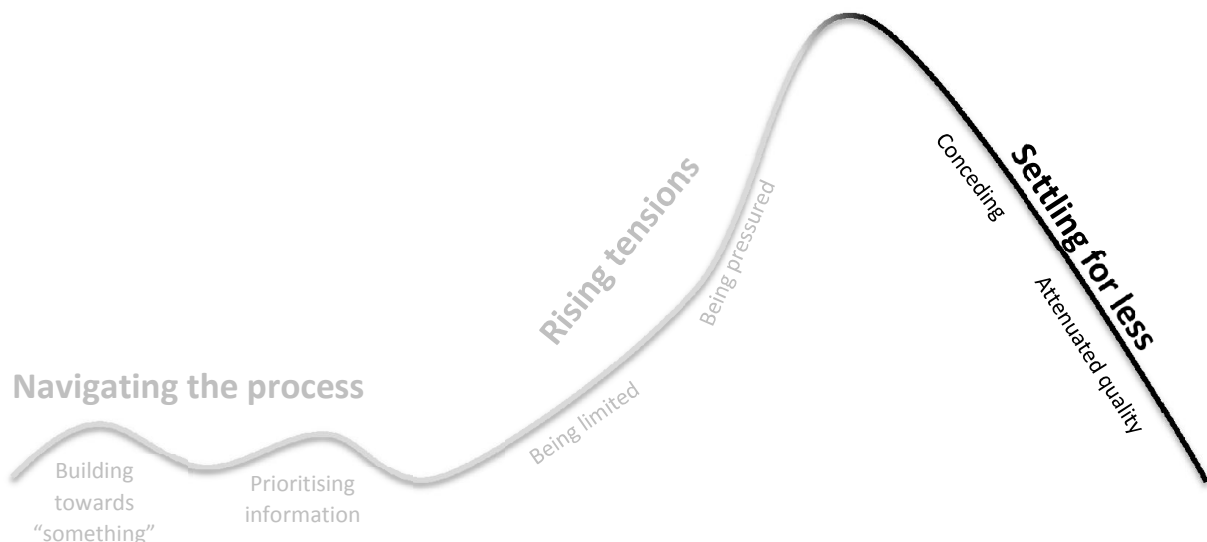


Figure 8.1. *Settling for less* in designing curricula in the context of national accreditation

“SETTLING FOR LESS” IN DESIGNING CURRICULA IN THE CONTEXT OF NATIONAL ACCREDITATION

Rising tensions became so unbearable that many participants involved in the design of curricula gave up trying to achieve their objectives and gave in to the demands made of them. The context was so afflicted with tensions that academics began to realise that the prospect of accomplishing what they were trying to achieve was extremely unlikely. To curriculum designers, settling for less was the only feasible approach to ensuring successful accreditation. Settling for less was reported by academics as being successful in reducing tensions, albeit at the expense what they considered to be the quality of their curriculum. The realisation that making concessions was the only way to design a curriculum that would secure accreditation embittered many towards the nursing profession, and in particular, nursing academe. Overwhelmingly, those involved in the design of curricula believed that the opportunity to strengthen the quality of nursing education in the context of a new system of national accreditation had been missed. The feeling that the process had been a futile endeavour towards improving the standard of curriculum design remained even after completion of the accreditation process. While a successful accreditation experience was met with relief, it was tempered by the view that the concessions made to appease the demands of actors led to the attenuation of quality in programs of nursing education:

... yeah, we compromised on a lot. We had to as it all got a bit too much ... the sad fact was that we never really discussed why that was ... that really limits our potential to learn and improve ... I think there are an awful lot of ostriches in nursing...you know, heads in the sand and all that ... it seems like there was this massive paradox between what really happened and what we told ourselves.

A clear paradox emerged as academics presented two conflicting accounts of their experiences through an “official” and “unofficial” version of events. Officially, individuals spoke to a sanitised, politically convenient report of the process that stood in stark contrast to the unofficial account marked by pressure, tension and conflict to which they drew reference. Some academics acknowledged that such a tack was necessary to reframe the experience in their own minds and thus make it more palatable. The artifice of the “official” account highlighted a belief among some that it was necessary in order to present a more positive interpretation of the process. The need to gloss over the overwhelmingly negative experiences associated with the tensions of the context was evident and came at the expense of dissecting and responding to the more accurate “unofficial” explanation. Diluting the experience further devalued what these participants had encountered:

... it's a little politicking and a lot of "we're kidding ourselves" I think. Unofficially, you could say we had to make huge compromises on some points just to be able to negotiate with these people. Making concessions, surrendering principles, you name it, we had to do it because they just wouldn't let up and they wouldn't budge. You either railroaded them in the name of quality and hope it doesn't get too ugly or yield to their demands and settle for less. On the official side though, we say that we managed the stalemate through collegiality, collaboration, consultation, and negotiation, negotiation and more negotiation until we achieved consensus...the latter is largely untrue but it makes for a nicer story doesn't it? ... I'd say most nurses wouldn't want the truth ... they'd be happier with a less intense, inaccurate version.

The contrast in stories was similarly seen in the contrast in options available to participants affected by rising tensions. Tensions had escalated to such heights that the only choices

these individuals felt they had to concede to demands that would ultimately impact on the quality of the finished product, or stand firm against others in the name of quality improvement. The former option presented an appealing opportunity to defuse tensions while the latter was seen to inflame it. Given the intense pressures experienced by participants involved in curriculum design, conceding to demands was seen as an unavoidable, inevitable and unfortunate prospect.

Conceding

The pressure experienced by academic participants was so intense that it was seen as a significant constraint on both their role and ability to impact on the process. In the face of what they considered to be unprofessional behaviour in the context of looming deadlines and limited resources, academics felt highly pressured to give in to demands to appease those agitating for inclusions. Not doing so left these participants exposed to the threat of being attacked and led many to question the value of arguing against what they saw as compromises on quality, especially when doing so seemed a futile exercise. Conventional approaches to reducing tension such as consultation, collaboration, and negotiation proved ineffectual and many viewed the response of their counterparts as evidence of an uncompromising and unwavering push to achieving their demands. The sustained pressure placed on these participants led many to question whether anything but full acquiescence was enough to placate those making demands and strengthened negative perceptions towards those acting on biases. Ultimately they felt estranged from the process with their increasing inability to overcome such pressure, leaving them with little choice but to concede to demands:

... if you stand up for what you believe in, no doubt you'll have critics ... what we struggled with was this deluge of ugliness ... it wasn't just a whinge here and there ... but an inundation of dissent ... suddenly, what we had agreed on when we started this [accreditation process] was thrown out ... probably because (a) they realised their pet areas weren't as heavily featured as they previously had been and (b) they were terrified at the thought of teaching something other than what they have for decades...so many changes were demanded, new inclusions, you know, whole philosophical frameworks were challenged ... it was so overwhelming ... we were constrained in doing anything worthwhile ... I felt like I'd betrayed patients, myself, and yeah, all just to appease them ... towards the end I just went "I'm done here, you can have it all to yourself ... I give up, you win".

In the face of increasing pressure, academics began to recognise that succeeding – whether in designing quality curricula or reducing tensions – came at significant cost. Improving the quality of curriculum design would intensify dissatisfaction and escalate tensions.

Conversely, making compromises on curriculum design would reduce tensions to the detriment of program quality. In this win-lose context, these participants felt constrained in making decisions and disempowered in their roles as whatever option they took would result in conceding on something they valued. To many, needing to keep colleagues on-side was valued more than the quality of curricula as the prospect of an unpleasant working environment outweighed the drawbacks of a compromised curriculum. Academic participants expressed strong dissatisfaction with a curriculum produced in this environment as in many instances it came to represent their perceived failure in protecting the interests of patients and maintaining their professional principles. In being forced to

concede to demands, some academics felt their own colleagues had betrayed them, leading them to question the relevance of their role and its value in the process. While making concessions to appease people was successful in alleviating tensions, individuals experienced guilt at having settled for less; a feeling that lingered even after a program was successful accredited. These participants reflected on the accredited curriculum with great dissatisfaction – due in part to the concessions made in designing it – and came to see it as a symbol of more widespread problems in the nursing profession, particularly nursing academe:

... I had to cave-in to requests for changes which, I think, had a diluting effect on the quality of the program ... it was a betrayal, but, I know that at the end of the day, the writing's on the wall ... if you upset your colleagues, pity help us ... the upshot is a product I am really unhappy with ... even students see it as they're saying "how does this [subject] relate to the rest of the program" and with good reason I might add ... I guess the hardest thing was that after placating people with all these changes, you stood back, looked at the curriculum document and went "whoa!"... it just looked like so bad, so superficial...and yet it was approved!...I feel partly responsible for that and I have to say, it hurts every time I look at it ... it reminds me why I often contemplate leaving nursing ... we can be so consummately professional and yet so incredibly self-destructive as a profession.

Viewing the nursing profession and nursing academe from a broader perspective led many to question whether problems were too widespread to be able to make a difference. In view of rising tensions, academic participants wondered whether conceding was an inevitable course of action related to the issues in the nursing profession rather than the product of a

specific context. Broader factors inherent in the nursing profession such as increasing specialisation and changing modes of delivery influenced the process of conceding on curriculum design – factors that were compounded by over-reactions to and misinterpretations of healthcare trends. In the absence of any consistent, systematic process of informing nursing curriculum design, curriculum designers felt forced to refrain from strongly questioning demands for obscure or inordinate content as data supporting its inclusion was often manipulated or largely irrelevant to nursing. Nursing's generalist philosophy of education in Australia was seen to be exploited by some in order to satisfy their expectations for inclusions of content rather than provide an educational experience for the greater good:

... in so many instances, we'd have a group come to us and say "1 in 4 Australians suffer from X so this has to go in the curriculum". The data they used to argue for content was a joke ... it was manipulated by the NGO or whomever it was and had little place in informing curriculum design ... they never questioned whether nurses should be playing in that space ... they presented it, usually because it was their pet area...there was a universal assumption that if it was a significant problem, the degree had to respond with a targeted unit of study ... an unsustainable model if there ever was one ... we made some allowances to include their content in some way – it sat awkwardly, but it usually satisfied them.

... we needed a tool, a model, whatever ... a framework to help the group work as a team and also minimise selection bias ... in designing curricula ... you know, actually informing our curricula as a team ... working in teams is meant to produce better outcomes but in this case it just gradually diminished the quality of our program.

The perceived decline in the quality of nursing programs was a major consequence of conceding to demands from multiple sources. By perpetually conceding, academics reported that the vision originally agreed upon for their curriculum had been diluted to such an extent that the result was a superficial product aimed more at satisfying people's bias than ensuring a strong nursing graduate. While these participants acknowledged that the original vision was not fixed, their disappointment was evident in that changes were not focused on enhancing the collective vision, rather, they were centred on imposing individual or small group interests resulting in the broad attenuation of quality.

Attenuated Quality

Significant pressure forced curriculum designers to make concessions that ultimately led to the attenuation of quality throughout the process. The gradual decline in the quality of curriculum content; professionalism of academics; and general context in which to design, develop and deliver undergraduate nursing curricula was of significant concern to academic participants as it symbolised a profession that was satisfied with settling for less.

A new system of national accreditation was welcomed by participants who anticipated that it would strengthen nursing education in Australia. Their hopes were soon dashed as aspects of the process failed to live up to the level of quality expected. In some instances, ANMAC accreditation standards were judged to be ambiguous and repetitive. Notably, participants with previous accreditation experience across multiple states and territories felt as though the quality of accreditation was raised or lowered relative to the strength of whatever previous state-based standards had been in existence.

Academics also shared concerns over a widespread emphasis on meeting accreditation standards without any incentive or measure for how to surpass them. In effect, meeting a minimum standard for accreditation had become *the* standard of nursing education in Australia. Curriculum designers in particular expressed strong disappointment with what they saw as a myopic approach to the process compounded by an obsessive emphasis on getting accredited rather than getting better:

...beyond the posturing, it was easy to see that it was never going to be about how we could improve our program...and always about doing enough to get accredited...while I'm a big proponent of ANMAC, I think that the standards themselves have been stymied by the quality of feedback that informed them...it can't have been great because it was from the broader nursing profession...I mean, how many people are expert in accreditation or curriculum design?...the consultation process wasn't ideal and, as a result, we have ambiguity and repetition in the standards...there is an expectation that the quality of education is improving but the emphasis has certainly been squarely focused on achieving the minimum standard.

...the first and last directives were "just get the [expletive] program accredited, whatever you do"...it was more about getting accredited than getting better...I guess we shifted focus to doubly ensure we were meeting the minimum standard...we wanted to shoot for the stars...but there was no incentive to go beyond the minimum which, I think, was a real drag on quality in our curriculum.

Multiple trade-offs were therefore necessary that included sacrificing the vision of a high standard curriculum to meet the minimum standard and diluting curricula in response to

demands. The reactive rather than proactive approach to designing curricula resulted in many academics viewing entire programs as ineffective, superficial and unresponsive to broader needs of the nursing profession. Within the context of a crowded curriculum, these participants despaired at the gradual decline in the quality of nursing education:

...the quality and cohesiveness of the original curriculum design was gradually eroded as we gave in...more and more units were displaced by a hastily slapped together hodgepodge of trendy subjects that pandered to some minority group without even pretending to benefit the greater good...it's resulted in an impotent, ineffective, superficial program...we seem to have forgotten what happens at the nexus of education and practice and nursing will be worse for it.

The sentiment that the general context of nursing education had deteriorated was shared by many academics. The shifting priorities of the tertiary sector along with changes to the professional landscape of nursing impacted on the environment in which the design, development and delivery of quality education occurred. Some participants expressed concern over the gradual deemphasising of traditional patient-centred approaches in favour of newer models in which the student as a customer became more important than the patient as a client. The organisation's bottom-line informed a context in which a scarcity of resources led to cutbacks and cutting of corners. Here again attaining the minimum standard was the *only* objective of education providers in the accreditation process:

I can remember when designing curricula used to be a rather wonderful process ... we worked hard without rushing and it was really about trying to do the best by the patient ... I suspect those days are long gone...the climate in which we now operate is this sterile, business-centric, time-pressured, resource-restricted environment where

everyone is clamouring to include their own interests in the program...we are now talking more about attracting and retaining students than we are about keeping people well...it's little more than the educational equivalent of a battery farm... simply put, I think we've shifted from a model of quality to one utterly obsessed with quantity...

Becoming obsessed with quantity rather than quality underscored beliefs that a decline in standards was attributable to strong economic trends in the tertiary sector. Some academics felt that nursing education was influenced by market research more than clinical and educational research as the competition for enrolments intensified between education providers. As a result, quality improvement was largely forgotten in a process where getting a new program accredited on budget and in time became paramount to any other objectives. Education providers defaulted responsibility for ensuring quality in nursing curricula to the accrediting body:

... it's never only a question of "how can we improve the quality of nursing education" and "how do we prepare our nurses to best meet the needs of the Australian public" ... rather, it's a series of questions like, "how much profit can we make? How many students can we enrol? How many hours of placement can we cut back on? What does our market research say?"... and as long as those questions are answered, accreditation is just another box to tick ... and hey presto, universities automatically assume your program is excellent...and that's just not true...I say again, poor programs get accredited too...

...quality is an afterthought in a process almost exclusively concerned with profitability...our curriculum was quite mediocre but within an hour of it being accredited, our faculty bosses were backslapping everyone on what an excellent curriculum had been designed...we cut back on everything and have very keenly budgeted for placements which left the big wigs quite chuffed...I mean, we should be asking the question "if nursing care is not cheap, why should nursing education be run at bargain basement rates?" ...one of these days, the folly of such a misguided focus will come home to roost.

In a tertiary environment driven by economic expediency, the impetus to get better was a distant second compared to the pressure to get accredited; a situation that continued even after a successful accreditation process. Problems "came home to roost" before long as flaws in newly designed programs were revealed. Despite the need to change clearly defective aspects of a curriculum, one participant acknowledged that the fees imposed for major changes to the program were a disincentive to both university administrators and staff who oversaw the development and implementation of curricula. An emphasis on quality improvement was once again seen to be lacking in such a context:

... it was probably in the first six, maybe, twelve months that we knew we had some serious issues with our program ... student feedback supported what we already knew and we really needed to make wholesale changes ... but ultimately didn't ... there were two main reasons for not making changes ... firstly, ANMAC charged like a wounded bull, and, I mean, the university wasn't going to pay that ... secondly, it reflected badly on us...I mean, hello, we wrote the program to start with and all of a sudden the faculty would be asking us why we had stuffed up to the tune of \$30,000

worth of major changes...I later found out that it was decided a few changes under the radar would remedy some of the problems that arose.

The submission of a program to ANMAC was seen by academics as the endpoint of the curriculum design process. The perspectives of accreditation managers was different, however, and reflected their faith in the process as informed by their involvement with the program from the initial submission through, formation and contribution of the assessment panel to the final consideration of the submission by the Registered Nurse Accreditation Committee:

Remember that at the end of the accreditation process, the ANMAC RN accreditation committee reviews the program, and they are the 'cream of the crop' in the field of nursing academia.

Accreditation managers therefore questioned whether *settling for less* was representative of a process linked with designing curricula in the higher education environment rather than an indication of the quality of the accreditation process itself:

I wonder then if it is more about a conflict between the nurse academic and the university to resource and prioritise nursing appropriately rather than nurses conceding to a program that is 'less'.

In spite of differing interpretations of settling for less, both academics and accreditation directors were circumspect in their view of how the process of national accreditation impacted on the quality of nursing education in Australia:

I do think that the mean standard of nursing curricula has improved over the years. In part this has been due to the move to national accreditation as I don't think the strange aberrations that occurred in some institutions would be tolerated to the extent they were in the past. While there are some areas of concern, the students are actually getting a 'minimum standard' that would well exceed the standard of some of the more concerning courses of old.

The process of designing a curriculum in the context of national accreditation was marked by the gradual attenuation of quality. Quality declined as the complexity of navigating a new process in the context of rising tensions ultimately led to diminished standards in which the sole emphasis appeared to be centred on getting accredited rather than getting better. The consequences of demands and concessions often led to a superficial curriculum that lacked cohesiveness and relevance. In the context of significant change, the new national accreditation process served as a catalyst rather than a causative agent of the attenuation of quality. In spite of differing perspectives held by participants in respect of the causes and extent of settling for less, their experiences highlight the need for processes that support curriculum design free from the imposition of bias and grounded in a mutual desire to meet the needs of the nursing profession and those to whom it provides care.

SUMMARY

As the final phase of the grounded theory produced in this study, the core category of *settling for less* is the culmination of the challenges presented whilst *navigating the process* in a context marked by *rising tensions*. This chapter marks the conclusion of the detailed presentation of the findings in the form of a storyline. The following chapter will examine these findings through the lens of the theoretical code of McDonaldization theory. In so doing I will explore and explicate salient issues relevant to these findings.

CHAPTER NINE

The McDonaldization of Nursing Education in Australia

CHAPTER 9: DISCUSSION

INTRODUCTION

The preceding chapters have highlighted the challenges faced in designing undergraduate nursing curricula in the context of national accreditation. The findings pose significant meaning for the nursing profession as it progresses into the 21st century on the back of significant changes to how the quality of nursing education is ensured across Australia. In grounded theory methodology, theoretical coding processes enable findings presented in the form of a storyline to be explained through the use of an extant theoretical framework (Birks & Mills, 2011). In the initial section of this chapter, the theoretical code of McDonaldization will be examined in detail. This discussion will provide a foundation for the use of McDonaldization theory in the latter part of the chapter to enhance the explanatory power of the grounded theory generated from this research and provide conceptual insights into its significance in the area of curriculum design and national accreditation.

THE CONCEPT OF MCDONALDIZATION

In 1983, Ritzer published *The McDonaldization of Society* in which he explained how a significant number of sectors and cultures are rationalising to such an extent that they resemble a fast-food restaurant. The theory of McDonaldization builds on rationalism and applies it to contemporary modes of thought (Alfino, Caputo & Wynard, 1998). For example, Weber characterised the direction of changes in society through the use of bureaucracy as a model (Weber, 1922). Ritzer (2000), however, sees the fast-food restaurant as a more contemporary representation of rationalization in which the McDonaldization of sectors and cultures is increasingly occurring. Although McDonaldization has been applied to many

diverse areas of society, the development of it as a theory continues to be the domain of Ritzer and his numerous seminal works. His extensive contribution to the literature on the topic ensures his recognition as an authority on the concept of McDonaldization. His various works (Ritzer, 1983; 1996; 2000, 2002; 2010) therefore provide a comprehensive theoretical coding framework for elaboration of the grounded theory presented in this thesis.

In his theory, Ritzer (2000) identifies five components characteristic of the process of McDonaldization as presented in Box 9.1 and discussed in the following sections.

Box 9.1: The Characteristics of McDonaldization

CHARACTERISTICS OF McDONALDIZATION	
Efficiency	<i>The discovery and implementation of the most efficient way to perform a task</i>
Calculability	<i>The emphasis on establishing standards through quantifying processes and results (e.g. volume/profit) rather than using subjective measures (e.g. taste/dining experience).</i>
Predictability	<i>The process of relentless standardization to induce predictability across the system</i>
Control	<i>The exertion of control over a system, usually via the replacement of human capital with non-human technologies</i>
The irrationality of rationality	<i>A phenomenon where the introduction of rational systems leads to irrational outcomes that often pose significant disadvantages and usually result in the opposite of the effect intended</i>

Efficiency

In McDonaldization theory, efficiency refers to the discovery and implementation of the most efficient way to perform a task (Ritzer, 1983). Efficiency poses advantages to those involved in the McDonaldization of an entity as it offers resource dividends to organisations; enables swifter more effortless responsibilities for labourers; and uses less effort to provide consumers with what they require (Ritzer, 1996). In his example of McDonald's customers, *efficiency* is the quickest way to get from being hungry to being full. McDonald's characterises this goal by heavily focusing on: *streamlining the process* to facilitate efficiency; *simplifying the product* so that a homogenous range is offered; and *putting customers to work* so that product delivery is as efficient as possible (Ritzer, 1996). Focusing on efficiency means that every aspect of the process is geared towards minimal resource deployment.

Streamlining the process represents efforts to impose an assembly-line model on contexts where ease-of-production and ease-of-consumption remain paramount in realising efficiency gains and improving profit potential. The purpose of the assembly-line model in McDonaldized systems is to refine and expedite a process in order to eliminate waste and get the job done. For instance, getting customers in and out of McDonald's has been designed with an emphasis on maximum efficiency to such an extent that their restaurants shorten the dining experience to a minimum and commoditize it so that the drive-through window is almost a default choice for ordering (Ritzer, 2004). As Kroker, Kroker and Cook (1989, p.119) wryly observe, McDonald's has done "everything to speed the way from secretion to excretion".

Simplifying the product emphasises uncomplicated modes of product delivery as an essential aspect of promoting efficiency. The assembly-line is used to facilitate a product that is simple to prepare, serve and consume (Ritzer, 1996). Availability of choice is reduced as offerings are rationalised and catering to special requests are either not advertised or unable to be accommodated. Ritzer (1996) sees product simplification as an extension of Henry Ford's philosophy "any customer can have a car painted any colour that he wants so long as it is black" (p.40). As Ritzer attests, by limiting customisability and availability of choice, supply-chain and assembly-line practices are uniform and therefore highly-efficient.

Putting customers to work represents the use of consumers as unpaid labourers in the production process. Ritzer (1996) uses the growth of self-serve supermarkets, fast-food restaurants and salad bars as evidence of organisations putting customers to work to realise efficiency dividends. The McDonaldization of both the higher education and healthcare sectors has resulted in instances where the consumer is put to work in order to achieve greater efficiency (Ritzer, 1996). For instance, McDonald's restaurants promote self-service and encourage customers to put away their rubbish, while further afield, ATMs momentarily turn consumers into unpaid bank tellers (Ritzer, 2002). By design, putting customers to work creates an efficiency/inefficiency dividend for organisations and consumers respectively, as what is efficient for the organisation is generally inefficient for the consumer.

Calculability

In McDonaldization theory, calculability refers to the emphasis on establishing standards through quantifying processes and results (e.g. volume/profit) rather than using subjective measures (e.g. taste/dining experience). McDonaldized systems equate quantity with

quality, as delivering a large amount of product to the customer in a short amount of time is the same as a delivering a high quality product (Ritzer, 1983). In terms of processes, calculability focuses on how quickly and efficiently it occurs, while in terms of end results, the focus is on what is produced and how much of it is consumed (Ritzer, 2002). Emphasising quantity tends to affect the quality of both the process and the result in a negative manner. In the case of McDonald's restaurants, the emphasis on quantity often means customers are eating food of a mediocre nutritional content (Ritzer, 1996). Products also tend to be mediocre as McDonaldized systems focus on size. As Ritzer (2002, p.66) states "McDonald's offers us the 'Big Mac', not the 'Delicious Mac' or the 'Highest Grade of Beef Mac'", thereby indicating that the product itself defines the calculability of the process that produced it. In effect, a McDonaldized system involves the customer knowingly receiving an average product from an equally knowing organisation. In calculability, Ritzer (1983) refers to three characteristics symptomatic of the phenomena, namely: *emphasising quantity rather than the quality of products; giving the illusion of quantity; and reducing processes of production and service to numbers.*

In emphasising quantity, rather than quality in both the process and end result, the calculability of the context leans towards a "bigger is better" mentality (Ritzer, 1996). Customers feel like they are consuming a large amount of product and have paid little for it (Ritzer, 2002). Nevertheless, customers acknowledge that in the case of McDonald's restaurants, they are consuming a mediocre product they consider to be instant fuel (Ritzer, 2002) rather than a primary source of nutrition. In the case of higher education, Ritzer (2002) argues that calculability is becoming more prevalent as most courses now stipulate a standard number of hours per week and a pathway to successful completion.

Despite this emphasis, quantity in McDonaldized systems is little more than an illusion as less produce is provided often with organisations garnering more profit as a result (Ritzer, 1996). In the case of McDonald's, burger patty size is tightly controlled, fries packets are striped to appear taller, and soft drinks are watered down and filled with ice, providing the consumer with an illusion of quantity (Ritzer, 2002). Often, such an illusion leads to an organisation focusing on the production of one product, at the expense of less variety across the system. Ritzer (1996) cites examples of shopping malls in which all shops are the same – despite being numerous – across a number of locations.

The emphasis on calculability in McDonaldized systems often results in the success of the system being determined by a number. Ritzer (2002) cites sales figures, product sizes and customer throughput as evidence of calculability in the McDonaldization of product and service delivery. Speed is emphasised resulting in focus given to simplifying the processes of production and service to numbers. For instance, the fat content in McDonald's hamburgers is minimised to 19% in order to ensure the patty doesn't shrink to a size outside of specifically established parameters (Ritzer, 2002). Arby's, a US sandwich chain, illustrates the impact of this phenomenon in that the cooking and serving of roast beef is reduced to a series of exact minutes, hours and servings in order to eliminate the need for a skilled chef (Ritzer, 2002). Waste from production is also reduced to a number as McDonald's restaurant managers can only dispose of 0.3% of all food (Ritzer, 2002). Throughout this process, success is ultimately determined by whether the product or service falls within a pre-determined set of numbers.

Predictability

In a rationalised society replete with rationalised systems, people desire to know what they can expect and at what time (Ritzer, 1996). To achieve predictability, rationalised systems require “discipline, order, systematization, formalisation, routine, consistency, and methodical operation” (Ritzer, 2002, p.86). Predictability serves the purpose of providing the customer with peace of mind that they are receiving a consistent product and simplifies the complexity of tasks the worker needs to perform (Ritzer, 1996). Organisations also appreciate predictability as it simplifies the managerial requirements and facilitates ordering processes, determining staff requirements and projecting revenue streams (Ritzer, 2002). Ritzer (2002) points out that the downside of predictability in McDonaldized systems is that it can turn everything – consumption, work, management, leadership – into a routine task to be ticked off. The focus of such systems is on: *creating predictable settings; scripting interaction with customers; making employee behaviour predictable; and creating predictable products and processes.*

At the centre of predictability is an emphasis on relentless standardization and stability across settings (Ritzer, 1996). In the case of McDonald's, a series of predictable elements are evident throughout the organisation such as counters, menus, tables, seats, bins and drive-through layouts. Roles, hierarchies and documentation practices are standardized in McDonaldized systems, as are logos, layouts and technology (Ritzer, 2002). The disadvantage of McDonaldized systems that emphasise conformity and uniformity is that actors within these scenes are not prepared for deviations from the norm (Alfino, Caputo & Wynyard, 1998).

Ritzer (2002) argues that McDonaldized systems encourage scripted interactions with customers. For instance, McDonald's restaurants train employees what to say in various circumstances to limit the interaction to scenarios that are identified as desirable. Scripts are often designed to make the customer feel as though they are getting individualized treatment and an authentic response whilst the organisation remains satisfied when employees keep to the script (Ritzer, 1996). Scripts also allow employees to deflect any hostility onto the script-writers whilst enabling them to feel protected by remaining within the boundaries of what is expected from them (Ritzer, 2000).

Efforts to make employee behaviour predictable are largely driven by a desire to improve the predictability of work, products and services (Ritzer, 2002). In the case of McDonald's, employees must follow the seven-steps of window service: greet the customer, take the order, receive payment, assemble the order, present the order, thank the customer and ask for repeat business (Ritzer, 2002, p.95). Dress codes and training programs all embody the emphasis on uniformity, not only in appearance but in many instances, thought and behaviour (Ritzer, 1996). The desire for predictability even extends to auditing workers as periodical checks are performed at McDonalds to determine whether staff are interacting with customers as expected and producing food that conforms to guidelines (Ritzer, 2000).

Emphasising predictability in McDonaldized systems results in widespread routine, processes, products and services (Ritzer, 2002). While advantages exist through removing variability and improving consistency in products and services rendered, the downside is that diversity and innovation decline in such systems (Ritzer, 2000). From fast-food to movie ratings, and even holidays, the desire to create predictable products and processes leads to

a predictable experience for those who partake in it (Ritzer, 1996). In these systems, McDonaldization indicates a higher value being placed on the predictability of the process or product, rather than the reward or result associated with it (Ritzer, 2002).

Control

The fourth dimension of McDonaldization relates to efforts towards increasing control, largely via the replacement of human oriented systems with non-human technology (Ritzer, 1983). Technology refers to materials, skills, knowledge, rules, regulations, procedures, and techniques along with more conventionally associated things such as computers, machines and tools (Ritzer, 2002). In particular, less obvious technologies are used to control people in a system through assembly lines, bureaucratic rules, and manuals prescribing exacting procedures and techniques (Ritzer, 1996). Attention to control is largely driven by efforts to remove uncertainty, unpredictability and inefficiency for those who either work within a system or are served by it (Ritzer, 2000). Historically, control is exerted through the introduction of effective technologies (Ritzer, 2002), the mechanisation of individual behaviour – either workers or consumers – and ultimately, replacement of human technology with non-human technology.

Exerting control over employees is difficult in a traditional human-orientated system.

Controlling employees is a tactic in McDonaldized systems aimed at introducing technologies that facilitate easier, cheaper, and less confrontational transitions to enhanced products and services (Ritzer, 2000). The displacement of skill-based activities in fast-food restaurants removes the need for workers to use their own skills and discernment to make decisions impacting on the service or product in question (Ritzer, 1996). From robotic french-fry

cookers, to voice-automated call centres, to computer-graded papers, and even onto exacting care pathways in healthcare; McDonaldized systems exert control over employees through the graduated introduction of non-human technology (Ritzer, 1996).

Exerting control over employees in a McDonaldized system is relatively easier as there usually is a dependent relationship between them and their employer (Ritzer, 1996). However, in the case of customers, establishing control required more sophisticated approaches in which their actions facilitate the McDonaldization of the system (Ritzer, 2000). Principally, three mechanisms aid in controlling customers: cues, constraints and identified norms (Ritzer, 2002). Cues are given to customers such as placing many rubbish bins throughout McDonald's restaurants and especially at the exits thereby indicating what is expected of them (Ritzer, 2002). Furthermore, structural constraints are placed on elements of the process that force customers to behave in particular ways such as ordering instructions and staged windows at a drive through (Ritzer, 2002). These mechanisms point to the use of established norms that customers identify and internalise what is expected of them on entering the facility (Ritzer, 2000).

In a McDonaldized system, people pose the greatest risk to the five components of McDonaldization as identified by Ritzer (1983). The introduction of technology is aimed at bringing control to both the product and the process in order to remove uncertainty from the situation. Ritzer (2002) sees this control of products and processes in sectors as diverse as food production, sea farming, human fertility, childbirth and even dying. In the food industry, Ritzer (2002) points to the human element in production processes in which people function to maintain, plan and manage the machines central to the production process. The

need to preserve certainty, conformity, uniformity and predictability in such systems results in the exertion of control, even in instances where humans are bystanders to the machine central to the production process.

The Irrationality of Rationality

The irrationality of rationality refers to a paradox in McDonaldized systems where the introduction of rational systems leads to significant disadvantages, usually resulting in the opposite of what was intended. For instance, the irrationality of rationality is used to explain many of the negative aspects of McDonaldized systems where changes have actually resulted in inefficiency, unpredictability, incalculability and the loss of control (Ritzer, 2002). These systems can have the effect of denying the humanity of people working within them, especially in instances where they defy reason (Ritzer, 2000). In summary, such systems do not always allow humans to act as human beings, leading to irrational outcomes where rationalization has been initiated (Ritzer, 1996). Rational systems that were implemented to improve efficiency, calculability, predictability and control often end up with significant disadvantages (see Table 9.1).

Table 9.1. Disadvantages caused by the irrationality of rational systems

DISADVANTAGE	EXAMPLE
<i>Inefficiency</i>	<i>Long lines of people often result in extended waiting times</i>
<i>High cost</i>	<i>Products have significant mark-ups comparative to their real cost</i>

<i>The illusion of fun</i>	<i>People believe the process or product they are engaging with is entertaining</i>
<i>The illusion of reality</i>	<i>People believe they are having fun, being valued and receiving good value</i>
<i>False friendliness</i>	<i>People are initiated and dismissed to the process using friendliness as a strategy</i>
<i>Disenchantment</i>	<i>Systems are meaningless, people are disenchanted and everything is plain, clear-cut, logical and routine.</i>
<i>Health & environmental hazards</i>	<i>Systems have been designed without thought given to the long-term impacts of McDonaldization on human health and well-being</i>
<i>Homogenization</i>	<i>The same products offered the same way throughout the system</i>
<i>Dehumanization</i>	<i>Jobs in which a high level of resentment, dissatisfaction, alienation, absenteeism and turnover, often the result of dehumanizing work, in inhumane conditions, resulting in dehumanizing experiences.</i>

Despite efforts by McDonalds and other such McDonaldized organisations to reinvent their images, at their centre they are not rational or reasonable systems. The McDonaldization of culture and society causes many problems for employers, employees and customers alike as they are inefficient, expensive, disenchanting homogenous systems that are illusory of fun

and reality (Ritzer, 2000). Fundamentally, McDonaldized systems dehumanize individuals and pose threats to their health and wellbeing, thereby significantly impacting negatively on society. While some advantages are found in McDonaldized systems, they are overwhelmed by the disadvantages they pose.

THE MCDONALDIZATION OF NURSING EDUCATION IN AUSTRALIA

The concept of McDonaldization elucidated at the beginning of this chapter will be used to explain the process of 'settling for less' addressed in the previous chapter. As the theoretical code used in this study, McDonaldization theory will be used to explain the findings of this research that ultimately culminate in the core category of '*settling for less*' (Figure 9.1) and explore how it relates to efficiency; calculability; predictability; control; and the irrationality of rationality.

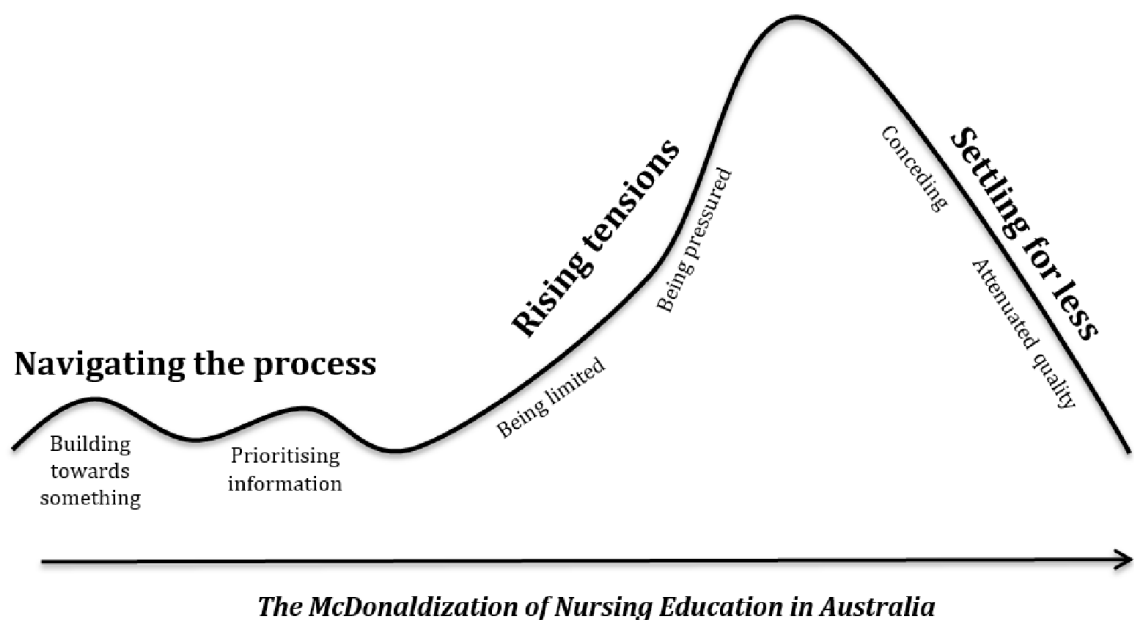


Figure 9.1. The McDonaldization of nursing education in Australia

‘Welcome to McDonald’s, please place your order’: Efficiency and Settling for Less

In settling for less, the efficiency of a McDonaldized system was necessitated by sub-standard approaches to curriculum design; compounded by minimal resource deployment by the higher education sector; and expressed in perceptions of poor quality in undergraduate nursing education.

The pursuit of efficiency in *settling for less* was ironic as it was primarily driven by the need to recoup time wasted from protracted disputes and ongoing tension. The codes of *having to take shortcuts* and *cutting corners* reflect McDonaldized approaches that extensively simplified curricula design and made significant concessions in the name of streamlining a path towards a submission that satisfied minimum standards. Academics alluded to tipping points where efficiency was driven by the prospect of failing to meet deadlines, resulting in a decision to settle for less. In view of the need for efficiency, academics adopted an attitude of *near enough is good enough* and focused more on *getting it done, rather than getting it done right*. Their rationale that constraints and minimal resource availability forced them to take shortcuts – while arguably valid – is made all the more concerning when one begins to question that they could take shortcuts in designing curricula at all. In this model McDonaldized approach, the relentless pursuit of efficiency drove one participant to wryly observe the scene as “a factory of mediocrity” in which sub-standard approaches escaped the scrutiny of the accreditation process.

Central to visible scrutiny in the accreditation process is the assessment team; itself an embodiment of a McDonaldized system in that the process they were part of was streamlined, simplified and used unpaid labour – at least until recently – in achieving

targeted efficiencies. For an entire submission to be evaluated by an assessment team with no history of working together – other than an average of three teleconferences and a one-day site visit (ANMAC, 2012) – is both impracticable and illuminative of the reasons why so many raised concerns about the quality of the outcomes. The brevity of the accreditation assessment – in person hours – stands in stark contrast to the potential impact a poorly designed curriculum could have over its lifetime on the healthcare sector.

Brevity was also an issue raised by some participants as it impacted on the clarity of the accreditation standards. These participants expressed surprise that a document that wielded so much influence over the quality of nursing education in Australia had somehow been reduced to ten pages of standards, with little in the way of accompanying guidelines or explanations. A recurring theme across all academic participants was that the brevity and resultant ambiguity of accreditation standards had resulted in a lack of understanding around how a program could meet each standard. Without knowing how to achieve the accreditation standards, academics expressed concern that curricula had been designed in a risk-averse style in which programs were crowded with content they felt would be most likely to be approved by the assessment panel, ANMAC and the NMBA. While reasons for the brevity of the accreditation standards are not apparent, it is plausible that the promotion of efficiency as a guiding principle in accreditation was motivated by a desire that it “must not be unnecessarily burdensome for education providers, accreditation committee members or other participants” (ANMC, 2009, p.3). While a larger list of accreditation standards may not necessarily equate to better educational outcomes, significant ongoing confusion exists around what is arguably a cornerstone document for the quality of nursing education in Australia.

The drive for efficiency in the higher education sector was noted by many participants and heavily impacted on resources available to curriculum designers. Despite some academics reporting a clear vision for a quality curriculum, the lack of support at a university level to allocate resources for large-scale program enhancements was perceived to be an example of the education provider's intent to discover how efficiently they could develop a new accredited program. In settling for less, participants reported or alluded to evidence of a move to efficiency in the higher education sector in which organisations deployed minimal resources in order to achieve dividend goals. Many nursing academics expressed dismay at what is manifestly the McDonaldization of nursing and higher education at large in which adult learning and "so called supportive online systems" are used to argue for reductions in student learning support by putting the customer (or in this case, the student) to work, resulting in a situation where they are almost entirely responsible for their educational experience utilising the teaching resources provided to them.

In a McDonaldized system, efficiency also refers to the quickest way of getting from hungry to full; an impetus emblematic of current trends in delivering nursing education to students. Academics expressed views similar to one who likened conditions of learning more akin to "battery farms" than bastions of higher learning. As academics are reminded to publish or perish, universities now seem to be operating by a new mantra – 'profit or perish', as a result of McDonaldized models of efficiency. Universities now offer multiple progression pathways and additional terms per year in order to satiate student demand for education right now rather than education done right. With terms such as "flexible delivery" and "fast-track programs" now synonymous with the higher education sector including undergraduate nursing education, the emphasis on efficiency without apparent consideration for the

educational or professional consequences is clear to see. Fast-tracked nursing degrees are becoming more common. Crowded curricula – once of concern to curriculum designers – should now be the concern of the nursing profession where there is the potential for a relentless barrage of beige content to be inflicted on student's grey matter. The true impact of a McDonaldized system on student learning is not yet fully understood, however, student's seeking the fastest way from hungry (initial enrolment) to full (graduation) are primed to believe that "speed is good" in a system that emphasises absolute efficiency more than quality student learning.

Small, Medium or Large: Calculability and Settling for Less

In the McDonaldization of nursing education, calculability refers to the mentality that 'bigger is better' where quantity defines quality and is prioritised throughout the system. Quantity was emphasised by inclusions of content in curricula; the cost of accreditation; the budget for curriculum design; or the student learning experience. The process of settling for less was indicative of a McDonaldized system in which quantity was prioritised at the expense of quality, and quality was indicative of a state where academic participants adopted perceptions of mediocre standards of curriculum design in the context of accrediting a program of undergraduate nursing education.

The ascendancy of quantity as a marker of quality was initially seen in inclusions of content that were made in the name of appeasing political or personal agendas. In order to ensure rising tensions were alleviated, content inclusions or changes to curricula were *quantified* to those acting on biases in terms of hours, learning outcomes, or discrete subjects. Therefore, the *quality* of the concession – and therefore the curricula – to those lobbying for inclusions,

became characterised by the *quantity* of what was included in the name of settling for less. As a result, academics reported that curricula were so crowded by responses to demands for content inclusions that the end product was akin to a hors d'oeuvre than a main course, as each learning exposure was attenuated by the need to include more content at the expense of more quality.

By emphasising quantity over quality, perceptions of mediocre curricula were evident amongst academics. In the same way that Ritzer (2002) finds McDonald's offering the 'Big' Mac (not the 'Delicious' Mac or 'Best' Mac), many academics perceived the process of curriculum design to be guided by a desire to placate tensions, rather than an exercise in ensuring "the quality of the profession and its work on behalf of public interest and public safety" (ANMAC, 2012, p.8). Although the intent of a generalist philosophy of undergraduate nursing education was acknowledged by some participants, it was supplanted by a fragmented mix of disassociated inclusions – the result of concessions made to appease those acting on biases. The philosophy of generalist preparation nursing programs was used to justify the inclusion of anything conceivably under the label of "generalist" – thus legitimating quantity as a measure of quality. Notwithstanding, the idea of a generalist philosophy in undergraduate nursing education soon came to mean that those acting on biases generally got exactly what they wanted, resulting in the dilution of curriculum content in undergraduate nursing programs.

Through compromising on inclusions of content, tensions were settled and curriculum designers were able to include more content, in the hope that more content translated to more chance of being successfully accredited. The ambiguity of the standards combined with

the immense pressure to get accredited resulted in making concessions. Curiously, the result of including content above and beyond what was considered reasonable resulted in the same outcome – that of a diluted yet crowded curriculum that was more representative of personal agendas than anything driven at a national or regional level pertinent to the needs of the health consumer. As one participant stated of their submission, “in the end, we threw everything at it just to see what would stick”. Such an approach may be understandable given widespread unfamiliarity with the new national accreditation process. The question remains, however, whether ambiguous and arbitrary accreditation standards together with powerless assessment panels passively facilitated the progression of such issues to a point where academics ultimately came to view the accredited curricula in a negative light.

In a process marked by calculability, the McDonaldization of nursing education was evident as quantity defined quality and standards were widely perceived as mediocre, in spite of the early hopes for great forwards strides with the advent of a system of national accreditation. For instance, the arbitrary establishment of 800 hours clinical placement experience in the accreditation standards is representative of an emphasis on calculability. Despite clinical experience being recognised as the “core of nursing education” (Levett-Jones, 2006), the establishment of an 800 hour minimum was often referred to by academics as a “reduction” that was initiated without due consideration of its potential impact. Where the rationale for this decision came from is not clearly articulated by either ANMAC or the NMBA. However, the absence of any serious objection to such a significant decision was explained by one participant who stated “I have no idea where the idea came from, but I was present at the Council (of Deans of Nursing and Midwifery) when it was raised and quite a few Deans were very amenable to the cost-savings it [800 hours of clinical experience] would present them

with". While the driving force behind the introduction of an 800-hour minimum for clinical placement experience is unclear, in McDonaldized systems, calculability often surfaces in a cost-pressured environment where quality is calculated through the language of profit and loss.

Throughout the broader higher education system, signs of calculability are evident and increasing. The move to a demand driven funding system in Australia has uncapped university places for domestic students resulting in record levels of student offers in recent years (Universities Australia, 2014). In the context of such changes, critics have warned of the prospect of moves towards high-volume, low cost courses (Counihan, 2013) – a phenomenon emerging in nursing in the process of settling for less. While some participants reported that the standards forced institutions to improve their laboratory resources, in most instances academics they complained of designing curricula with limited resources that were reflective of "factories" and "battery farms" in which students were herded in and out in record time. The pressure on curriculum designers to deliver education in the context of recently uncapped university places is ongoing and further evidence of a broader mentality where bigger is better. Even a casual observation of the marketing strategies used in nursing education would reveal an emphasis on calculability. For instance, reduced face-to-face time through flexible online delivery and fast-tracked or accelerated programs are seen as selling points to those potentially interested in obtaining a nursing qualification. In this instance, McDonaldization is seen at its most ominous as a clear emphasis exists on advertising the removal of the student from the physical learning space into an online environment primed to facilitate their progression at record speed.

Programs of nursing education across Australia are succumbing to such emphases in higher education as the quality of learning is supplanted by the quantification of conceptual or actual distance from the educator and the time taken to complete the degree. The quantification of quality is even infiltrating updates to the accreditation standards as inexplicable inclusions of discrete and specific subjects are evident despite ANMAC's (2012, p.8) statement that "the standards therefore do not prescribe the content of curricula, the inclusion of core subjects or the educational approaches required to deliver the study program". In this McDonaldized system of calculability, signs are pointing to a shift towards the quantification of quality amidst negative perceptions of standards in undergraduate nursing education in Australia.

'Look for the Golden Archetypes': Predictability and Settling for Less

In McDonaldized systems marked by predictability, the process of settling for less is driven by a desire to know what can be expected at what time. In the same way that predictability serves the purpose of providing the customer with peace of mind (Ritzer, 1996), so too does accreditation profess to provide the profession and the health consumer with the assurance that programs of nursing education are providing a uniform model of graduate quality (ANMAC, 2012). However, as Ritzer (2002) attests, the downside of systems marked by predictability is that they can facilitate workers within them to adopt task-orientated mentalities. The overwhelming emphasis on getting the job done, more than getting the job done right, was a constant theme throughout this study. A lack of time, multiple deadlines (internal and external) to meet, and ongoing unprofessionalism wore curriculum designers down to a point where some perceived that the minimum standard had become *the* standard.

Arguably, the most important ongoing role of ANMAC is to monitor the quality of accredited programs and by doing so, maintain strong educational standards across the country (ANMAC, 2012). However, its fee schedules seems to indicate that ANMAC themselves view the initial accreditation, reaccreditation or major modification of programs as central to the process given their pricing schedules (ANMAC, 2014). While their focus is understandable, it is arguably driven by the fact that the current model forces task-orientation by having multiple, asynchronous accreditation processes of nursing programs ongoing throughout Australia. Such a model creates immense workload pressures for ANMAC and accreditation directors and leaves them with little time for the vital role of monitoring for what is referred to as curriculum or program creep (Walsh, 2014). If nursing programs are indeed going to start from the minimum standard, it is perhaps the facility of monitoring that may ensure that curriculum or program creep – if any – is headed in the right direction.

In settling for less, the desire to quell rising tensions led to similar concessions being made by curriculum designers across Australia. As a result, these participants widely held the view that nursing programs appeared to be increasingly homogenized throughout Australia. However, the trajectory towards homogenized curricula appears to have predated national accreditation as evidenced by one participant who perceived it to be a phenomenon that has been become “more and more noticeable over the last decade”. It is therefore unusual that in the face of unfamiliarity with ambiguous standards that perception of homogeneity were widespread amongst most participants. In an environment marked by significant changes, it would be reasonable to expect disparate and diverse curricula, especially as accreditation standards’ purpose is to improve quality without inhibiting diversity and innovation (ANMAC, 2012). However, the findings of this study clearly indicate uniform, homogenized

curricula in an environment marked by predictability. One possible explanation for this phenomenon is the constancy of certain professional agendas across the national nursing landscape in Australia. Participants throughout the study spoke with strong negativity regarding the lobbying of nursing specialties – particularly mental health nurses – that agitated for inclusions of content relevant to their professional interests.

One of the remarkable aspects of the McDonaldization of nursing education in Australia is the pervading sense of inevitable success that participants had. Curriculum designers felt as though being accredited was largely subject to a process in which an assessment panel, unfamiliar with interpreting new standards - went through the motions. In many respects, these participants' perceptions – whether accurate or not – was that the process was reflective of *scripting interaction with customers*. While no clear evidence exists to support these perceptions, it is arguable that a new process, populated by inexperienced assessment panels operating under significant time constraints, resulted in the appearance of process that felt somewhat contrived to those working within it.

'Drive through to the next window': Control and Settling for Less

In the McDonaldization of nursing education in Australia, control was a factor in *settling for less* as it was an environment that replaced human-orientated systems with non-human technologies. The devaluing of scholarship imposed by countless standards, protocols and regulations, the move to computer-facilitated learning and teaching systems, and the general dehumanisation of academics and students demonstrated a system primed to control the behaviours and engagements of people within the system.

In settling for less, academics spoke with ongoing frustration regarding the countless standards, protocols and regulations both within the university and external to it. To design a nursing curriculum and deliver a program caused significant strain on resources and placed curriculum designers under immense stress as they struggled to keep up with the requirements of the system in which they were working. One participant voiced their frustrations in saying “It’s condescending, you know, it’s demeaning. The sector has become that risk averse that we need to have a rule and regulation if someone sneezes during a lecture”. The added burden of an additional layer of regulations – even though national accreditation was largely met with enthusiasm – created further pressures in a resource constrained environment and had the effect of defocusing everyone from the work they were attempting to do. The result of a system marked by control is that it leads to a mechanisation of work and devalues innovation, critical thought and scholarship at large (Ritzer, 1983). The experience of coming to grips with multiple frameworks in many contexts for numerous organisations ostensibly explains the focus on *getting it done* rather than *getting it done right* as the quantity of work combined with the constrictions of the process limited capacity for independent thought. In such systems, the ability to respond to deviations from the norms are limited amongst both workers and consumers (Ritzer, 2002) and any response to serious critique, self-evaluation and major paradigm shifts is realised slowly. In a time marked by significant threats to the nursing role (Ralph, Birks & Chapman, 2014); the nursing workforce; and the health sector at large (AIHW, 2012), the ability of nursing education to be free of controls that limit its capacity to remain adaptive, meaningful and relevant is vital to its ongoing sustainability.

The use of control in the McDonaldized system of nursing education is becoming more evident through the increased role of technology in higher education and healthcare. Nearly all participants drew reference to recent and ongoing shift of nursing education to the online learning environment as a means of controlling the learning and teaching experience. The control imposed on both academics and students as to how they respectively teach and learn is increasingly dictated by the constraints of technologies and in many respects dehumanises what ought to be the most “human” of professions in the higher education sector. The environmental control in which patients are replaced with computer simulators, and where face-to-face debate and dialog is replaced by online discussion forums is a concerning trend arguably aimed at controlling the delivery of education in the context of extant resource limitations. Whatever the case may be, many controlling factors are incongruent with the role of independent, thinking nursing scholars, as it is with the kind of graduate the profession is aiming to produce.

‘Things that make you go ‘Hmmm’: The Irrationality of Rationality and Settling for Less

Throughout the process of settling for less, the aim of curriculum design in the context of national accreditation stood ironically with how academics perceived what was actually achieved. For all the focus on efficiency, ongoing tensions and the onerous requirements of accrediting a new program resulted in profound inefficiencies and produced curricula that were held in poor regard. Similarly, the focus on calculability was intrinsically irrational as quality was redefined in terms of quantity, despite broad perceptions amongst academics that the standard of curricula produced was at best, mediocre. In predictability, the focus on task-orientation led to homogenized programs of nursing education, precisely the opposite of the intended outcome of national accreditation (ANMAC, 2009; 2012). Even in control,

the imposition of standards, protocols and regulations and the dehumanising replacement of people-orientated technology with non-humanising factors such as frameworks, checklists and computer-aided everything resulted in disillusionment with the process and a perception that the controls were too great to overcome any of the shortfalls of nursing education itself.

In all of the factors of McDonaldization, the irrationality of rational systems is highlighted. Simply, there is strong evidence to suggest that the quality of undergraduate nursing curricula and the practicality of the national accreditation process are not where they should be in terms of their value to the present and future needs of the profession. Fundamentally, McDonaldized systems dehumanise people, pose threats to their health and wellbeing and significantly impact on the quality of the system. While some advantages are found in McDonaldizing systems, they are overwhelmed by the disadvantages they pose.

SUMMARY

In this chapter, the McDonaldization of nursing education in Australia has been explored. The characteristics of McDonaldization were evident throughout the process of designing curricula and accrediting an undergraduate nursing program. Efficiency, calculability, predictability, control and the irrationality of rational systems work to improve outputs, yet only disadvantage those within it, and those who could have benefited more from it. While drivers of McDonaldization were not evident in the study, the evidence for foci on characteristics inherent to McDonaldization was strong. Nevertheless, identifying whether McDonaldization is occurring through active or passive means will be as important as alerting the profession to the potential disadvantage to the profession that such a system is

intrinsically linked with. In the next chapter, the implications of McDonaldization for the profession will be addressed, and recommendations will be posed to some of the challenges inherent to the issues at hand.

CHAPTER TEN

*Conclusions
and
Considerations*

CHAPTER 10: CONCLUSION

INTRODUCTION

In previous chapters, storyline was used to present the findings from this research and was subsequently explained using the theoretical code of McDonaldization. The discussion in those chapters raises a number of issues for nursing education in Australia. In this chapter, the implications of this research are presented along with considerations posed to temper the issues that are evident and offer potential solutions to what is a multi-faceted and complex area. The implications of the findings and recommendations for further study are also considered in the context of a critique of the grounded theory that is the focus of this thesis.

REVISITING THE PURPOSE AND PROCESS

As stated in Chapter One, this research sought to explore how undergraduate nursing curricula are being designed in the context of national accreditation processes. The specific aims that evolved throughout the study were to:

- Explore how undergraduate pre-registration nursing curricula are being designed in the context of national accreditation processes
- Identify the influence of accreditation standards on the process of curriculum design
- Explain how informants of curricula are identified and integrated into the process of curriculum design.

While the national landscape of nursing education in Australia is commonly addressed in the literature, the background (Chapter Two) to the establishment of a national accreditation

process not only informed the context in which the study is posited, but also provided a clean slate in which to develop new knowledge in this area in the absence of any available research on curriculum design in the context of national accreditation.

Grounded theory was identified as a suitable methodology for addressing the aims of this study, as it demanded an approach that could offer explanatory knowledge about a little-known process. The evolution and foundational principles of grounded theory methodology are described in Chapter Three in the papers *The methodological dynamism of grounded theory* and *Is grounded theory a methodology?* In Chapter Four, the application of grounded theory in this study is detailed in the section on study design as well as the use of documents as extant data in the paper entitled *Contextual Positioning: Using documents as extant data in grounded theory*.

The findings from this research are presented in Chapters Five, Six, Seven and Eight and demonstrate that the aims of this study have been achieved whilst also highlighting the unexpected avenues of inquiry that arose throughout the study as a result of theoretical sampling in response to analyses. Chapter Five presents an overview of the grounded theory that is expanded upon in subsequent chapters through the use of storyline as advocated by Birks and Mills (2011). Chapter Six specifically addresses the category *navigating the process* of designing a curriculum in the context of national accreditation. Chapter Seven explores the *rising tensions* that were inherent to designing curricula and undergoing accreditation, whilst Chapter Eight presents the substantive theory of *settling for less* while Chapter Nine offers a detailed discussion of the data and elaboration of the storyline through the use of theoretical coding. The emphasis of grounded theory methodology on process (Glaser &

Strauss, 1967) ensures that the findings are reflective of what is really going on in the design of undergraduate nursing curricula in the context of national accreditation processes.

IMPLICATIONS

The McDonaldization of nursing education in Australia appears to be occurring as a phenomenon largely independent of any coordinated force or effort. The process of McDonaldization is always described in the literature as being driven by active forces such as management and usually from a single source of power or influence. However, in the case of the nursing education, the process appears to be happening somewhat passively, perhaps as a result of the recognized and ongoing McDonaldization of aspects of the health (Herdman, 2004; Ritzer, 2010) and higher education sectors (Hayes & Wynyard, 2006).

Whether nursing is a passenger to the broader influences of recent changes to both the health and higher education sectors is not clear. However, those seeking to influence curricula may be susceptible to the characteristics of McDonaldization, which arguably may increase rising tensions, as the pressure to achieve influence is far greater in such a constrained system. Without knowing what is driving the factors that influence the McDonaldization of nursing education in Australia, solutions that are purposeful and effective will not be easily identified. What is clear is that the nursing profession ought to be more aware of what is occurring and explore whether the current system that influences the quality of nursing education across Australia is actually beneficial to patients and professionals alike.

Through illumination of this context, this study poses potentially significant implications for the process of designing pre-registration nursing programs in Australia. Because this study is

the first of its kind, the findings will be of interest to those who are involved in the process of designing undergraduate curricula in Australia and those active in the accreditation of such programs. While the study may encroach into controversial areas, it is vital that the nursing profession remains open to this evidence if it is to effectively consider and address present and future issues in the design and accreditation of undergraduate nursing programs.

This study has clearly identified that the process of designing undergraduate nursing curricula for national accreditation can be arduous for all involved and is often contaminated by bias, agendas and sectoral changes that negatively influence the quality of the final product. How informants of curricula are sourced, interpreted and used in the design of programs appears to be unsystematic, variable and open to bias. The current system must overcome issues in which a lack of objectivity and systematicity in curriculum design is rife; widespread unfamiliarity and uncertainty with accreditation standards and processes is evident; and structural weaknesses ensure any improvements will be difficult to implement. In this system, the characteristics of efficiency, calculability, predictability and control are indicative of a situation in which the McDonaldization of nursing education is occurring.

Because of the complexity of issues faced, the recommendations offered to reduce or resolve challenges in nursing education are by no means guaranteed to be effective nor are they final. However, in the light of strong challenges confronting nursing education – particularly around curriculum design and accreditation – actions must be taken to rectify or

mitigate some of the issues that impact on the design of undergraduate nursing curriculum in the context of national accreditation.

EVALUATING THE THEORY

The quality of grounded theory studies is an ongoing concern as the literature points to extant issues with the credibility of some research approaches, even in the discipline of nursing (Becker 1993; Benoliel 1996; Wilson & Hutchinson 1996). At a time when nursing education is transitioning to a new era of national accreditation, the need for consumers of research to be able to evaluate the quality of the grounded theory produced in order to make decisions about the applicability of research findings is more critical than ever. Glaser (1998) addresses four criteria that a grounded theory study must fulfil in order to promote trust between the reader of theory and the generated theory itself. Glaser's four criteria will be used to succinctly evaluate the theory, namely: fit, relevance, work and modifiability.

Fit

According to Glaser (1998) the idea of fit is seen in the concept of validity and refers to whether the theory presented actually represents the pattern of data it professes to denote. The concept of "fit" harkens to the foundational principle of grounded theory methodology in that theory is directly derived from the data (Glaser and Strauss, 1967). Glaser (1978) also addressed "refit" and "emergent fit". Refit refers to the need to constantly refit categories that emerge quickly from the data in order to ensure they are representative. The grounded theorist should be open to modifying the categories to ensure fit, for as Glaser (1978, p.5) remarks "categories are not precious, just captivating".

Emergent fit speaks to the idea that data will strengthen pre-existing categories by earning its way into the developing theory (Glaser, 1978).

In evaluating fit, the use of grounded theory's essential methods are crucial indicators in establishing how well the theory represents the data. The use of memoing during one of the busiest phases of data analysis highlights my intellectual agreement with the concept of "fit" in grounded theory (Operational Memo; March 3, 2013):

I have employed in vivo codes where possible as they are directly related to the process and speak loudest of what is going on. I am trying to code segments of data that are brief yet contiguous in what they describe. I see them developing as I work with the data and the categories and codes shifting and undergoing constant refinement as new data explains old data or collective data offers new insights into the processes inherent to what I am researching. Mentally, these segments are visualised in my mind as bullet points of bankable data that will be cashed at a later date as and when the theory begins to develop with increasing clarity.

Nevertheless, intellectual agreement with the concept of "fit" is not sufficient grounds to establish whether it is evident in the grounded theory. Several supervisory sessions were undertaken at various phases of the research process to monitor and evaluate whether the process of data analysis was undertaken with an emphasis on developing conceptual codes and categories from the data rather than the use of preconceived codes or categories from existing theories, assumptions or biases. The feedback received during these supervisory sessions was invaluable to revitalizing my conceptions of what was going on and ensuring

that my approach to data collection and generation was driven by grounded theory's maxim "all is data".

As a mechanism to evaluate fit, the use of storyline was highly valuable. While Glaser (1992) criticizes storyline on the basis that it could act as a framework into which data could be made to "fit", it was an instrumental tool in the later stages of my analysis to identify linking and broken concepts that threaded their way through the codified data. Moulding the threads of the "story" together was crucial to identifying where gaps (the opposite of "fit") in the theory existed as data analysis continued. Storyline not only helped to meaningfully articulate the relationships in the data but also encouraged me to identify the nature and direction of emerging conceptual codes and categories in those data.

Relevance

Relevance denotes the idea that the theory will relate to the true issues inherent to the data as a relevant theory will narrow down on what is really going on that is of importance to people in the substantive area (Glaser, 1998). Its conceptual grounding in the data indicates the significance of this core concern or process thereby ensuring its relevance (Holton, 2008). A grounded theory only arrives at relevance by allowing core problems and processes to develop from the data (Glaser, 1978).

In the early stages of data analysis, I began to question how I could stave off my biases and ensure that the theory would relate to the data and what is really important to the people operating in the substantive area. At the time, I had little understanding of the concept of "relevance" and yet was already working towards ensuring that my approach – even in the

early phases – was congruent with generating a theory from the data that was relevant to the substantive area. An early memo (Operational Memo; December 12, 2012) outlines an approach conducive to staying on track and drilling down to the core concern or process:

I find the advice of Charmaz (2006) to code swiftly of particular help. I believe that coding the data quickly allows me be more reflexive to it as the constant comparative analysis and theoretical sensitivity I use is more a product of a purely natural neurological synapsing than anything informed by what my own well-explored biases could impose. Essentially, if I do this, I get caught up in the enjoyment of data analysis and in doing so; find I can keep an open mind, but not an empty head.

Further efforts to establish relevance at the completion of data collection were crucial in adding value to quality of the grounded theory. An abstraction of the findings was forwarded to participants in the study in order to identify whether the findings resonated with them. While a somewhat nerve-wracking experience, it ultimately proved a rewarding exercise. Valuable feedback was given which not only confirmed the presented theory but also gave new insights into participants' perceptions of key revelations provided during the initial interviews:

I agree with much of what you have said here, particularly about the issue of time pressures and the politics of curriculum design ... I do however, think that the mean standard of nursing curricula has improved over the past 15 years. In part this has been due to the move to national accreditation, as I don't think the strange aberrations that occurred in some institutions would be tolerated to the extent they were in the past ... While I support the claim of 'McDonaldization of education', sadly in some instances this has meant an improvement for some courses ... while there are

some areas of concern, the students are actually getting a 'minimum standard' that would well exceed the standard of some of the more concerning courses of old.

Going back to the participants to ensure the relevance of the ground theory is a highly useful approach to not only evaluating how true your analysis has been to the data, but also how much grab or familiarity (Glaser, 1978) it has with these informants.

Work

Work is the notion that the grounded theory produced can explain and interpret the context or processes used in a substantive area and predict future behaviour (Holton, 1998). In essence, the relevance of the theory ensures that it not only represents the data, it also explains what is going on and can offer insights into how similar contexts might result in similar outcomes in the future (Birks & Mills, 2010; Glaser, 1978). Essentially, the theory should explain what has happened, predict what will happen and interpret what is happening either substantively or formally (Glaser, 1978).

At a substantive or practising level, the previously mentioned strategy of going back to participants with an abstraction of the findings has established that the theory can explain, interpret and predict processes at a working level. One participant, following receipt of this abstract remarked:

... it was just so rich [the data] and it really, it just accounted for so much that is going on in this space. I think a lot of people are going to find this a useful tool for reflecting on their approach to national accreditation and also pose some questions for those about to embark on the process.

The core category of *settling for less* explained and interpreted what was happening at a localised level for this group of academics in particular. The use of McDonaldization theory as the theoretical code provided the explanatory power necessary to ensure that this abstraction had meaning on a broader, more conceptual level and accounted for the wider forces impacting on nursing education in Australia at large. The explanations, interpretations and predictions offered by this theory not only isolate to local contexts but expand to a national level and pose significant ramifications for the way forward.

Modifiability

Modifiability refers to the ability of the theory to be continually adapted as new data emerge to produce new categories, properties or dimensions of the theory (Holton, 2008). This quality of a grounded theory ensures its continuing relevance and value to the context from which it has derived (Glaser, 1978). Unfortunately, the literature only appears to examine modifiability from the perspective of changing the grounded theory – an incoming change. A further dimension on the concept that overlaps the notions of relevance, fit, and work by arguing that modifiability should denote not only the modification of a theory when new data emerges but one that is also modifiable or adaptable to new contexts.

In this sense, the McDonaldization of nursing education in Australia is a theory that can be modified as new data emerge and also be broadly relevant to new contexts. In the context of the theory produced, the theory may be modifiable to contexts such as McDonaldization of nursing academe; of postgraduate nursing education; or even professional nursing bodies.

While fit, relevance, work and modifiability are Glaser's criteria for whether one can trust a grounded theory (Glaser, 1998), strong scholarly debate around how best to evaluate grounded theory studies appears to be largely driven by whether one ascribes to a particular way of thinking in grounded theory methodology as discussed in *The Methodological Dynamism of Grounded Theory* (Chapter 3). Nevertheless, both the longevity and consensus support of Glaser's criteria in the literature reflect the simplistic functionality of this criteria and this has proven effective in identifying sources of trust in this grounded theory study.

CONSIDERATIONS

It has been said "for every complex problem, there is an answer that is clear, simple and wrong" (Mencken & Cooke, 1955, p.14). On the basis of the evidence presented to this point, a number of considerations are offered to illuminate a pathway for actors within the scene who hope to reduce or resolve extant issues and challenges inherent to designing undergraduate pre-registration nursing curricula in the context of national accreditation processes. Recommending solutions to the issues would be naïve at best as the findings have shown that the issues are extremely complex and arguably entrenched throughout the nursing profession. Therefore, considerations rather than recommendations are made in order to highlight the desire to stimulate national conversation around these matters. Before solutions are posed through the use of recommendations, the challenges that face the nursing profession need to be addressed nationally and cohesively if any meaningful change is to occur.

Consideration 1: Strategically build capacity throughout the system

Under the National Registration and Accreditation Scheme (NRAS), ANMAC inherited responsibility for the accreditation of up to 480 programs of study, across 160 education providers and distributed across two education sectors (Higher Education and Vocational Education and Training). The findings of this study strongly indicate a situation where ongoing uncertainty and unfamiliarity with designing undergraduate nursing curricula in the context of accreditation is a significant problem. This issue is compounded by a lack of local research surrounding the complexities of nursing accreditation and whole-of-course design in undergraduate nursing programs.

Clear and immediate steps must be taken to remedy the dearth of capacity and expertise in the domains of nursing accreditation and whole-of-course design in undergraduate programs. As a priority, the nexus between curriculum designs, accreditation standards, accrediting agencies and education providers must be strengthened. If the unfamiliarity and tension with which participants in the study (curriculum designers and accreditation directors) navigated the process remains an ongoing concern, the aim of improving the quality of nursing education through national accreditation will likely fail to eventuate. Building expertise in ensuring the standards, policies and procedures that underpin accreditation across the higher education sector cannot continue to primarily be a committee-based exercise as it appears in its current format (ANMAC, 2014). In order for the effectiveness of both the accreditation process and its standards to be improved, the current gap between those who interpret the standards and those who advise on the adherence to the standards must be narrowed significantly. While some may argue that the role of Accreditation Managers already accomplishes this, there are too many factors at play

to leave such an important interface to informal discussions and irregular contact. A clear communication point (or points) between ANMAC and each education provider needs to exist in order to build capacity across the system by purposefully taking responsibility for the professional development of staff responsible for whole-of-course design in the context of national nursing accreditation.

In order to respond to these issues, therefore, a two-step program is needed to (a) build capacity in nursing academics involved in whole-of-course design and nursing accreditation and (b) establish continuous and consistent communication points between the accrediting body and the education provider. These initiatives could take the form of:

- Formal continuing professional development (CPD) opportunities aimed at building capacity in staff to successfully navigate the accreditation process
- The establishment of one or more staff to act as resource points for each education provider. Staff selected, as resource points would undertake opportunities for CPD in accreditation and whole-of-course design in collaboration with the education and accreditation providers.

Consideration 2: Establish assessable priorities of foci for undergraduate pre-registration nursing curricula design

The undergraduate nursing curriculum was widely perceived by participants to be driven by a generalist philosophy, yet many felt that such a philosophy had been construed to suit a particular trend or agenda. A generalist philosophy of preparation should be informed by a focus on preparing nursing students to care for the core demographics for whom they will predominantly provide a service. If the current system of building specific nursing specialist

knowledge is not working, a reactionary approach by integrating every manner of nursing speciality into a curriculum already perceived to be crowded is not the solution. At its core, the notion of a generalist philosophy of nursing education does not mean “comprehensive”. To interpret it so might result in situations where an hors d'oeuvres styled approach to curriculum design – as seen in the findings – might result in a reduced presence of broadly relevant contexts of care in undergraduate nursing education.

It is clear that undergraduate curricula do not reflect the extensive involvement of Registered Nurses (>65%) in the provision of medical or surgical care in the hospital environment (AIHW, 2011) as evidence by *Future Proofing Nursing Education: An Australian perspective*. The findings point to a curriculum where the generalist philosophy is minimised or misinterpreted and which is largely driven by agendas distanced from the contexts of nursing care in which the majority of Registered Nurses work.

While the driving of agendas was not exclusive to any single cohort of people, the actions of mental health nurses offer a good example of a phenomenon that is widespread in the undergraduate curriculum design process and by no means exclusive to one interest group. For instance, in one interview, a curriculum designer reported being pressured to insert a fourth discrete mental health subject into an already full curriculum at the expense of a perceived foundational nursing subject. Despite a similar workforce size to perioperative nurses (AIHW, 2011), the prevalence of mental health subjects in undergraduate curricula far outweighed those addressing knowledge and skills in perioperative nursing and is representative of situations where a generalist philosophy of nursing education is being usurped by extant agendas. Happell's (2008) language arguably offers clear exemplars of

such misinterpretation and even a sense of subjugation in that a generalist philosophy of nursing education is rephrased as “comprehensive”. Happell argues that even though mental health is ranked among the most unpopular career choices for undergraduate students, areas focused on medical-surgical nursing are dismissively referred to as “high-tech”. Use of such language is indicative of the “us and them” phenomena reported by some participants in which certain cohorts agitated for great input into curriculum design in order to realise their agendas. The explanatory and predictive power of this theory is demonstrated in the feedback received from an interviewee responding to the abstract of findings who said:

... sadly I have seen several curricula redesigns being significantly manipulated by senior management's agenda I have observed a staff restructure occur under the guise of curricula (sic) redevelopment, where the greatest advocates for these changes were those who were threatened by others expertise ... I have also sadly seen students manipulated to provide feedback to support the objectives of the restructure. Loaded questions at a student forum are the usual mode of practice here in what is very much an “us and them” type mentality.

In essence, without clear and prescriptive approaches to addressing the inevitable agendas that misguide nursing curriculum design, the greater good will continue to be sacrificed in favour of the agendas being misrepresented by the loudest voices wherever they emanate from.

The nursing profession must approach curriculum design with an unmovable prerogative that frames the direction of nursing education around the clear, objective needs of health

consumers and health industry as a priority. The use of identified priorities in curriculum design in which the needs of patients are accurately and ethically interpreted and translated is a key step towards this as is a framework for approaching curriculum design in the context of national accreditation. Fundamentally, those responsible for directing the foci of nursing education must do so through the systematic application of an objective lens. This approach to curriculum design is intended to balance the priorities of health consumer needs with the other agencies impacting on the process, rather than adopting a McDonaldized approach to achieving quality through the insertion of *more* content rather than *more relevant* content.

The term “agencies” is used to denote an action producing an effect when referring to the establishment of actors within a hierarchy. In this sense, the design of undergraduate nursing curricula and the accreditation of undergraduate nursing programs must be guided by agencies free from influences driven by the whim and fancy of vogue trends. Nationally, nursing education needs its own guiding light through the auspices of a hierarchy of values. A hierarchy of values for nursing education in Australia would be to reduce or resolve the arrival of multiple agendas that drive rising tensions and ultimately result in settling for less. Chiefly, the notion of settling for less involves loss; whether it is a loss of quality, focus, relevance or direction. Establishing a hierarchy of values for nursing education would provide a roadmap of values for a profession that has arguably lost its way in an environment where demanding to be heard was more prevalent than deciding to listen.

An agreed hierarchy of values that were permitted to inform curriculum design could act as a self-righting keel of sorts for nursing education. When rising waves result in capsizing, the keel restores balance and momentum to the vessel. Similarly, rising tensions could be

quelled by a hierarchy of values that might promote balance and direction to the design of nursing curricula and accreditation of nursing programs to ensure that the needs of health consumers are met by “prioritizing public interest and community safety” (ANMAC, 2012, p.2). In short, nursing needs to get its priorities right, its house in order and its values set in stone if nursing education is to ensure the relevancy of its programs both now and in the future.

While offering a complete constitution is beyond the remit and purpose of this thesis, a hierarchy of values informing nursing education is presented to aid in resolving tensions and reducing the McDonaldization of nursing curricula. The hierarchy of agencies as outlined in Figure 10.1 has been jointly derived from the key informants that are evident and acknowledged in the accreditation standards. Principally, the agencies are the health consumer, industry (the health sector), and the role of the nursing profession (ANMAC, 2007; 2012). The hierarchy of agencies evident throughout this study are chiefly: education providers, professional interests and organisations, and specialist clinicians lobbying for inclusions of content in curricula.

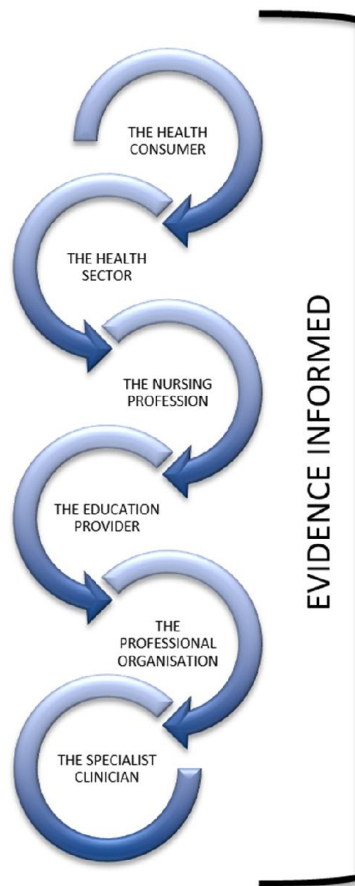


Figure 10.1. Hierarchy of Influencing Values

Establishing clear priorities of design by ensuring that undergraduate nursing curricula remain relevant to the dominant contexts of care into the future is fundamental to the long-term value of the profession. Establishing the priorities of foci for undergraduate pre-registration nursing curricula in Australia – as addressed in *Future Proofing Nursing Education in Australia* (Chapter 2) – and even assessing whether nursing programs address them as part of the national accreditation process – must be performed with a patient-centred, industry-relevant approach that shuns obscure, trending or even perceived future priorities in order to get the basics both right now and going forward.

Consideration 3: Define quality in meeting standards of curriculum design

The process of *settling for less* was driven by a need to get it done rather than get it done right. For academics, the minimum standard became the standard in what was referred to as a “race to the bottom”. In many respects, the lowering of expectations towards the minimum standard is emblematic of a McDonaldizing system. In accreditation, the initial standards were “developed as minimum standards for protecting the public” and that the purpose of course accreditation “is to judge whether, on the basis of the evidence provided by the course provider, this goal is likely to be achieved” (ANMC, 2009, p.v). Herein lies a double-barrelled problem within national accreditation in that nursing curricula are being designed to a minimum standard and accredited based on whether they are *likely* to achieve that minimum standard in the graduates they produce. The language used is hardly reassuring and is arguably representative of a scene in which a climate of competency presides over efforts to aspire to a higher quality of undergraduate nursing education.

The continuing and largely uncritical acceptance and growth of competency-based curricula and accreditation processes in Australia has resulted in a shift to measuring educational outcomes based on the achievement of a minimum standard. The proliferation of competency standards in the national landscape (there are currently over thirty); the validity and reliability of interpreting achieved standards, and their ability to reflect the complex nature of general nursing practice are all acknowledged as challenges confronting the nursing profession (Chiarella, 2008; Cowan, Norman & Coopamah, 2005). Despite evidence acknowledging the difficulties that competency brings to practice, the gap between curriculum design and national accreditation and how competency impacts in that context is largely unexplored until now. Nevertheless, recent developments in

undergraduate nursing curricula indicate strengthening emphases on competency in the form of a “pack” (reflective of a fast food meal deal) such as Crookes et al.’s (2010) pre-registration nursing assessment tool. Its tick-box approach to the assessment of clinical experience in undergraduate nursing programs points to further signs of a system being McDonaldized as it appears to be designed to ensure the efficient assessment of competence in nursing students in the clinical setting. Crookes et al.’s (2010) rubric, resembling a matrix, is a good example of how McDonaldization not only results in a focus on the achievement of mediocrity (attaining a minimum standard), but ensuring that even the measurement of that achievement is performed in an efficient, predictable, calculated and controlled fashion. While such initiatives are no doubt intended to enhance quality, the philosophical abyss that is opening in which mediocrity becomes the new excellence in nursing education, will continue to claim victims in the absence of robust and ongoing debate around whether the minimum standard is the level of quality to which the nursing profession aspires.

The solution to overcoming the effects of an overwhelming focus on attaining a minimum standard is not easy. Rethinking the entire system in which undergraduate nursing education sits is necessary to explore whether the current transition from BN to RN is educationally effective, clinically relevant and sustainable. The need to strengthen or even rethink the nexus between education, qualification, registration and employment by evaluating the place of undergraduate pre-registration nursing programs is necessary – especially in the face of significant recent changes to the health sector and nursing education.

Consideration 4: Implement quality assurance and project management strategies in designing curricula and submitting a program for accreditation

The process of designing undergraduate nursing curricula and submitting a program for accreditation was marred by the unfamiliarity of *navigating the process, rising tensions* when negotiating the requirements and ultimately *settling for less* with the final product. In many instances, curriculum designers expressed regret at not having implemented approaches to project management earlier in order to control both the quality of curricula and the progress of the submission towards successful accreditation. To this end, the concepts and categories presented in the findings that present issues inherent to the context have been used to reverse-engineer a framework for approaching curriculum design in the context of national accreditation as presented in Table 10.1.

Table 10.1. Framework for approaching curriculum design in the context of national accreditation

CODED	CONSIDERATIONS
BUILDING TOWARDS “SOMETHING”	<p>Identify what philosophies, values and visions will guide the development of your program for accreditation</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>What nursing philosophies, values and visions will guide your approach to curriculum design?</i> <input type="checkbox"/> <i>What educational philosophies, values and visions will guide your approach to developing a curriculum in the context of national accreditation?</i> <p>Establish effective project management strategies that detail how you will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initiate processes to determine the nature and scope of submitting a program for accreditation <input type="checkbox"/> Plan the time, cost and resources commitments required and design strategies to effectively manage risk <input type="checkbox"/> Produce and execute a clear plan to ensure the aims and objectives of the submitting a program for accreditation are accomplished in a timely fashion <input type="checkbox"/> Monitor and control quality and progress through the establishment of effective channels of communication and feedback <input type="checkbox"/> Complete all activities across the project to a high standard of quality within a predetermined timeframe
PRIORITISING INFORMATION	<p>Systematically scope, identify and retrieve sources of information that effectively inform the process of designing a curriculum for national accreditation</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>What available sources should be accessed?</i> <input type="checkbox"/> <i>What sources will inform the process of curriculum design and how?</i> <p>Evaluate and prioritise the value of information sources that meaningfully inform the process of designing a curriculum for national accreditation</p> <ul style="list-style-type: none"> <input type="checkbox"/> See Fig 1. Hierarchy of guiding values for nursing curriculum design
BEING LIMITED and BEING PRESSURED	<p>Systematically scope, identify and review constraining factors in the environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>What limitations will impact on the progression of designing a curriculum for national accreditation? (E.g. Time, Finances, Capacity)</i> <p>Develop and implement strategies to address constraining factors in the environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>How will limitations be effectively reduced, resolved or acknowledged in the process of designing a curriculum for national accreditation?</i>
CONCEDING	<p>Identify and implement effective sources of leadership and management to facilitate quality assurance in designing a curriculum for national accreditation</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Who will be accountable for leading and managing the process of designing a curriculum for national accreditation?</i> <p>Establish a decision-making matrix to facilitate effective prioritization of goals and objectives in the process of designing a curriculum for national accreditation</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>What criteria will govern the scope and focus of decision-making for those leading and managing the process of designing a curriculum for national accreditation?</i>
ATTENUATED QUALITY	<p>Establish evidence-based best practice approaches to clinical and educational curriculum foci</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>How will the evidence be used to establish benchmarks of quality across the process and products of whole-of-course curriculum design</i> <p>Identify, implement, monitor and review measurements of quality processes, curricula and accreditation submissions</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>How will quality be measured throughout the process?</i>

Further refinement to the framework was undertaken in concert with the supervisory team to ensure that the recommendations were clear, simple and had “grab”. The following framework (Figure 10.2) was presented to participants and feedback was solicited:

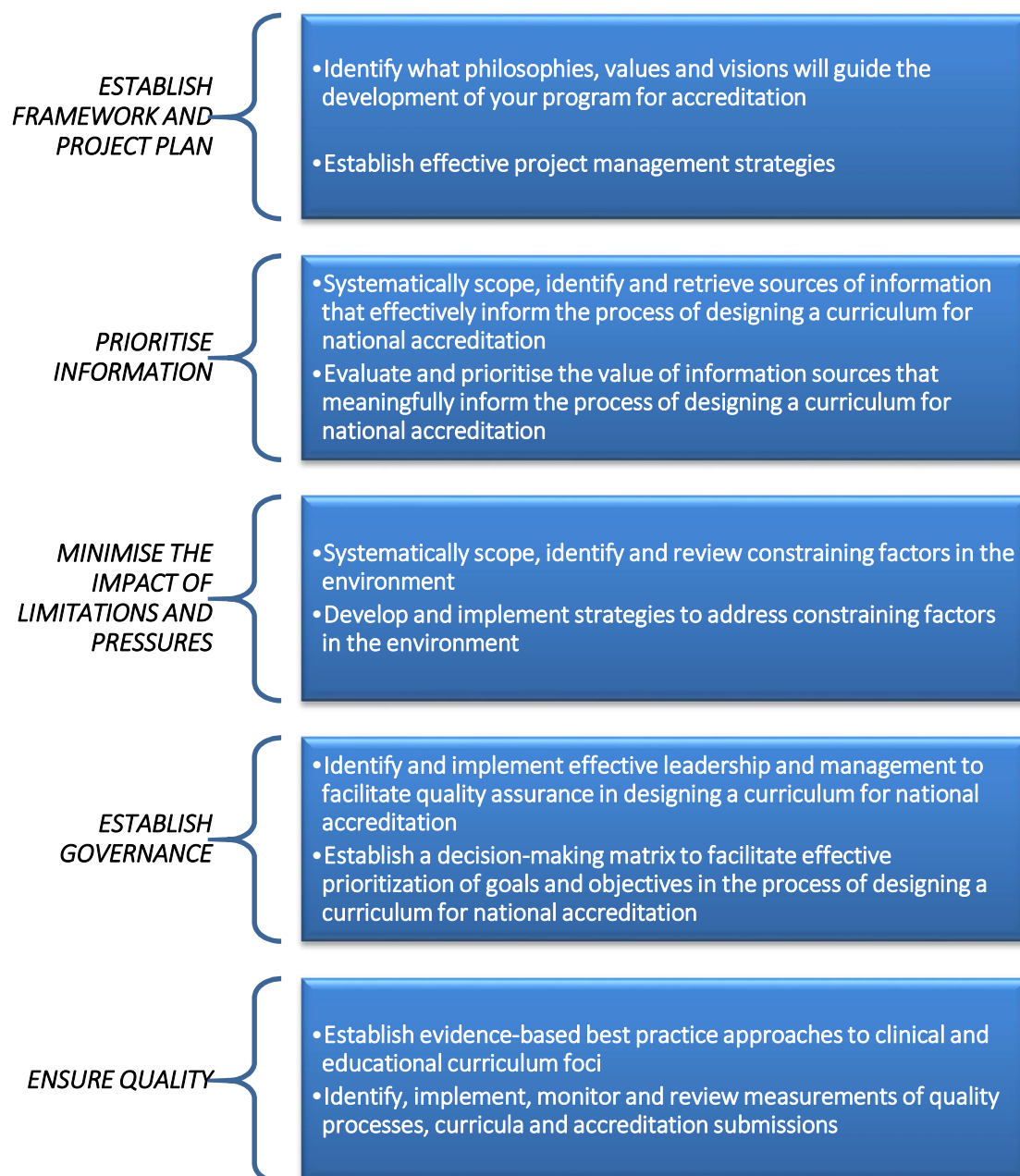


Figure 10.2. Framework for approaching curriculum design in the context of national accreditation

On reviewing this framework, one participant summated that *“it offers a clear roadmap for those about to undertake an accreditation and should provide forewarning to some of the issues that inevitably will crop up as seen in your findings”*.

It is anticipated that by using this framework to guide early approaches to curriculum design, academics will have advanced warning of some of the challenges inherent to the process and thus be in a position to devise strategies to remediate potential pitfalls and problems.

LIMITATIONS

The findings of research conducted within the interpretive domain are not meant for generalisation to the broader environment as is typical of qualitative research (Bryant & Charmaz, 2008). However, this study has explored the design of undergraduate pre-registration nursing curricula in the context of national accreditation processes. In-depth open interviews have been conducted with both curriculum designers and Accreditation manager, documents have been analysed, and follow-up written dialogue between participants and myself have been included in the data. While the population from which potential informants in this research could be drawn is limited, every state and territory that had an accredited baccalaureate nursing program at the time of this study is represented in the data. The broad scope of data generation and collection from late 2012 to early 2014 has been instrumental in facilitating the specific aims of this research and heightened its relevance to the broader profession.

As the process largely dealt with senior nursing academics in curriculum design, many of these participants in this study were mature-aged and in the later stages of their careers. None of the academics had completed a Bachelor of Nursing as their entry point to registration and working in the profession. Some may consider the similarity of ages and backgrounds as evidence of a skewed participant group and thus a limitation to the credibility of this study. However, such a cohort was reflective of the population from which these participants could be drawn. Furthermore, it is unlikely that any graduates within five to ten years of completing their degree are delegated a significant role in designing an entire undergraduate nursing curriculum.

A final limitation acknowledged is that this study was limited to the process that extended only to the point of submitting a program for accreditation. The role of experts in reviewing the program through the auspices of the ANMAC Registered Nurse Accreditation Committee was not addressed as academics expressed a task-orientated focus to the entire process. One academic expressed such a perspective by stating *"it was someone else's problem at that point. I was over it. The job was done"*. It is likely that from this point the process is somewhat obscured to them, occurring behind ANMAC's closed doors. The absence of any evidence on how such experts influence the quality of nursing programs is a recognised limitation of the study, while nonetheless in keeping with its aims. Further research is already planned to explore what is going on in contexts beyond those of direct significance to the academics in this study.

SUMMARY

This chapter has brought the thesis to a conclusion. In concluding the thesis, my intention has been to offer an overview of the research presented throughout. The issues considered in this chapter have demonstrated that the objectives of the study have been met through the appropriate application of grounded theory methodology. By evaluating the quality of the grounded theory using Glaserian criteria, I have demonstrated the credibility of the grounded theory produced. In this chapter I have also identified the implications, strengths and limitations this research, along with issues for consideration by the profession and potential areas for further study. My intention in so doing is to establish an evidence base in the quest for improved curriculum design and quality national accreditation processes relevant to the needs of nursing education in Australia.

REFERENCES

REFERENCE LIST

AIHW (2012). Australia's Health. Canberra. Australian Institute of Health and Welfare.

Alfino, M., Caputo, J. S., & Wynyard, R. (Eds.). (1998). *McDonalidization revisited: Critical essays on consumer culture*. ABC-CLIO.

ANMAC. (2011). National Accreditation Guidelines. Canberra: Australian Nursing & Midwifery Accreditation Council.

ANMAC (2012). *Registered Nurse Accreditation Standards*. Canberra: Australian Nursing & Midwifery Accreditation Council.

ANMAC (2014) Accreditation committees. Accessed May 15th from
<http://www.anmac.org.au/accreditation-committees>

ANMAC (2014). Fee schedule. Accessed 25 April, 2014 from: <http://www.anmac.org.au/fee-schedule>

ANMC. (2009). Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guide, Registered Nurses. In D. D. Ryan (Ed.). Canberra: Australian Nursing and Midwifery Council.

- Becker, P. H. (1993). Common pitfalls in published grounded theory research. *Qualitative Health Research*, 3(2), 254-260.
- Benoliel, J. Q. (1996). Grounded theory and nursing knowledge. *Qualitative Health Research*, 6(3), 406-428.
- Birks, M., Cant, R., Al Motlaq, M., & Jones, J. (2011). "I don't want to become a scientist": undergraduate nursing students' perceived value of course content. *Australian Journal of Advanced Nursing*, 28(4), 20-27.
- Birks, M., & Mills, J. (2011). *Grounded theory : a practical guide*: Los Angeles : SAGE.
- Bryant, A., & Charmaz, K. (2010). *The SAGE handbook of grounded theory / edited by Antony Bryant, Kathy Charmaz*. Los Angeles: SAGE Publications.
- Charmaz, K. (2008). Constructionism and the grounded theory method. *Handbook of constructionist research*, 397-412.
- Chiarella, M., Thoms, D., Lau, C., & McInnes, E. (2008). An overview of the competency movement in nursing and midwifery. *Collegian*, 15(2), 45-53.
- Cohen, E. (1990) *Military Misfortunes: The Anatomy of Failure in War*. New York: Free Press.

Counihan, B (12 November, 2013). *New government review to examine uncapped uni places*, Accessed 25 April, 2014 from <http://theconversation.com/new-government-review-to-examine-uncapped-uni-places-20156>

Cowan, D. T., Norman, I., & Coopamah, V. P. (2005). Competence in nursing practice: a controversial concept—a focused review of literature. *Nurse education today*, 25(5), 355-362.

Crookes, P., Brown, R., Della, P., Dignam, D., Edwards, H., & McCutcheon, H. (2010). The development of a pre-registration nursing competencies assessment tool for use across Australian universities. Research Online. ALTC: ALTC.

Gaynor, L., Gallasch, T., Yorkston, E., Stewart, S., Bogossian, F., Fairweather, C., & Turner, C. (2007). The future nursing workforce in Australia: baseline data for a prospective study of the profile, attrition rates and graduate outcomes in a contemporary cohort of undergraduates. *Australian Journal of Advanced Nursing*, 25(2), 11-20.

Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. California. Transaction Press.

Glaser, B. (1978) *Theoretical sensitivity*. California: Sociology Press.

Glaser, B. (1998). *Doing grounded theory: Issues and discussions*. California: Sociology Press.

Happell, B. (2001). Comprehensive nursing education in Victoria: rhetoric or reality? *Journal of Psychiatric and Mental Health Nursing*, 8(6), 507-516.

Hayes, D., & Wynyard, R. (Eds.). (2006). *The McDonaldization of higher education*. Los Angeles: IAP.

Herdman, E. A. (2004). Nursing in a postemotional society. *Nursing Philosophy*, 5(2), 95-103.

Holton, J. A. (2008). Grounded theory as a general research methodology. *The Grounded Theory Review*, 7(2), 67-93.

Jackson, D., & Daly, J. (2004). Current Challenges and Issues Facing Nursing in Australia. *Nursing Science Quarterly*, 17(4), 352-355. doi: 10.1177/0894318404269389

Jeffreys, M. R. (2007). Tracking students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse Education Today*, 27(5), 406-419. doi: 10.1016/j.nedt.2006.07.003

Levett-Jones, T., Fahy, K., Parsons, K., & Mitchell, A. (2006). Enhancing nursing students' clinical placement experiences: a quality improvement project. *Contemporary Nurse*, 23(1), 58-71.

Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of undergraduate nursing students: an Australian case study. *Journal of Advanced Nursing*, 39(2), 119-126. doi: 10.1046/j.1365-2648.2000.02251.x

McAllister, M. (2001). Principles for curriculum development in Australian nursing: an examination of the literature. *Nurse Education Today*, 21(4), 304-314. doi: 10.1054/nedt.2001.0561

Mencken, H. L., & Cooke, A. (1955). *The Vintage Mencken*. London: Vintage Books.

NRAS. (2012). National Registration and Accreditation Scheme. Retrieved August 15, 2012, from <http://www.ahwo.gov.au/natreg.asp>

Ritzer, G. (1983). The "McDonaldization" of society. *Journal of American Culture*, 6(1), 100-107.

Ritzer, G. (1996). The McDonaldization thesis: Is expansion inevitable?. *International Sociology*, 11(3), 291-308.

Ritzer, G. (1998). *The McDonaldization thesis: Explorations and extensions*. California: Sage.

Ritzer, G. (2000). *The McDonaldization of society*. California: Sage.

Ritzer, G. (Ed.). (2002). *McDonaldization: the reader*. California: Pine Forge Press.

Ritzer, G. (2004). *The McDonaldization of society*, Revised New Century edition, California Sage.

Ritzer, G. (2010). *The McDonaldization of society* 6. Los Angeles: Pine Forge Press.

Universities Australia (16 April, 2014) *International reputation of Australia's higher education system must be maintained*. Accessed 24 April, 2014 from
<https://www.universitiesaustralia.edu.au/news/media-releases/International-reputation-of-Australia-s-higher-education-system-must-be-maintained#.U1j05fmSyuA>

Walker, K. (2005). Postmodern pedagogy and the nursing curriculum: collaborating for excellence. *Collegian*, 12(4), 36-40.

Walsh, K. (2014). Curriculum creep in medical education. *British Journal Of Hospital Medicine* (17508460),75(3), 124-125.

Weber, M. (1978). *Economy and society. An outline of interpretive sociology*. Cambridge. University Press.

Wilson, H. S., & Hutchinson, S. A. (1996). Methodologic mistakes in grounded theory. *Nursing research*, 45(2), 122-124.

EPILOGUE

EPILOGUE

As I write this epilogue, I find myself somewhat pensive after reading the body of work in its entirety for the final time before submission.

In the prologue at the commencement of this thesis, I openly acknowledged my dissatisfaction with the quality of undergraduate nursing education in Australia, largely based on my experiences as both a student and a clinician. In Chapter 1, I explored my assumptions in respect of nursing education as a means of avoiding imposing my own biases on the process of collecting, generating and analyzing data. In spite of having articulated and acknowledged these assumptions, the words of my participants expressing throughout this study nevertheless surprised me. The impassioned, articulate responses, replete with deft turns of phrase and well-practiced analogies, left me feeling as though these participants had long held answers to problems I wasn't even aware of.

I met with my supervisors regularly, and repeatedly registered my surprise with what I initially perceived to be the left-of-field responses elicited during interviews from using the same line of enquiry. I was deeply intrigued by the issues participants experienced when designing curricula, yet questioned whether my interest was only driven by my own opinions on nursing education. I recognize the interpretive nature of research conducted in the qualitative paradigm, and the role of the researcher in this process, but nevertheless was keen that my truth was not that of the participants. I was keen to differentiate the theoretical sensitivity essential to this process from potential bias that needed to be averted. I would eventually adopt the view that the former is about understanding the whole process and that to ignore issues inherent to that process would be both theoretically insensitive

and biased. Grounded theory is an ideal methodology for investigating processes, and thus I had faith in my use of the same line of enquiry for each interview and the theoretically sensitive questions to be asked of participants when issues of note arose.

As a result, I began to realize the reasons why my participants were “experts” as I had clumsily phrased it early in the research study. Their personal investment in the process spoke of their passion for quality nursing education. They allowed me to gain insights into issues they had no doubt discussed at length with all who were willing to lend an ear. For the most part the participants in this study had many years of experience and one would expect were skilled in expressing their thoughts; thoughts that were clearly well-conceived and likely the result of considerable reflection on what was clearly an emotion-laden process. Their perspectives on this process and their insights into what went wrong are at the centre of this thesis.

The purpose of this epilogue is to acknowledge the profoundly deep investment that each participant has made in nursing education. It is from their investment that the data has revealed such rich insights into the process of designing undergraduate nursing curricula in the context of national accreditation. My hope is that the profession lends an ear to the chorus of participants’ voices and opens itself to the recommendations made herein.

APPENDICES

APPENDIX 1

Secretary, Human Research Ethics Committee
Ph: 07 4923 2603
Fax: 07 4923 2600
Email: ethics@cqu.edu.au

Dr Souheir Houssami
Executive Officer
Human Research Ethics
Institute of Graduate Research
Monash University
Wellington Rd
Clayton VIC 3168

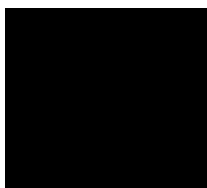
14 June 2013

Re: Nicholas Ralph – Ethics clearance

Dear Dr Houssami

Please be advised that CQUniversity HREC confirms that ethical approval was granted for the project number H12/10-198, A degree of interpretation: Using accreditation standards to design undergraduate nursing curricula in Australia. Monitoring responsibility has been finalised for the nine (9) interviews that have been completed in the form of a final report. However any future data collection will need to be covered by a Monash HREC approval.

Yours sincerely,



Professor Phillip Ebrall
Chair, Human Research Ethics Committee

APPENDIX 2

19 June 2013

Dear Researchers

Project Number: CF13/1824 – 2013000947

Project Title: A Degree of Interpretation: Using accreditation standards to design undergraduate nursing curricula in Australia

Chief Investigator: Prof Wendy Cross

The above application has been reviewed by the Monash University Human Research Ethics Committee (MUHREC) which has determined that the proposal satisfies the terms of the National Statement on Ethical Conduct in Human Research 2007.

Therefore, MUHREC has granted a transfer from Central Queensland University of the research project, as described in your proposal, commencing on 19 June 2013 until 19 June 2018.

Please remember to convert all documents associated with this project (eg: Explanatory Statements, Consent Forms, Questionnaires and MUHREC contact details for Complaints – refer to <http://intranet.monash.edu.au/researchadmin/human/index.php> for templates) to Monash University Letterhead / Logo.

Thank you for your assistance.



Professor Ben Canny
Chair, MUHREC

cc: Mr Nicholas Ralph, Prof Ysanne Chapman, Prof Melanie Birks

APPENDIX 3



Nicholas Ralph <nicholas.ralph@monash.edu>

MUHREC Amendment CF13/1824 - 2013000947: A Degree of Interpretation: Using accreditation standards to design undergraduate nursing curricula in Australia

MRO Human Ethics Team <[REDACTED]>

PLEASE NOTE: To ensure speedy turnaround time, this correspondence is being sent by email only. MUHREC will endeavour to copy all investigators on correspondence relating to this project, but it is the responsibility of the first-named investigator to ensure that their co-investigators are aware of the content of the correspondence.

Dear Researchers

Thank you for submitting a Request for Amendment to the above named project.

This is to advise that the following amendments have been approved:

Changes to Procedures

- Addition of another phase, wherein feedback on the model developed during analysis would be sought from the existing approved participants.
- Inclusion of publicly available documents from past public consultations

Thank you for keeping the Committee informed.

Professor Nip Thomson
Chair, MUHREC

Human Ethics
Monash Research Office

Our aim is exceptional service

Monash University
Level 1, Building 3e, Clayton Campus
Wellington Rd
Clayton VIC 3800, Australia

Website: <http://www.monash.edu.au/researchoffice/human>
ABN 12 377 614 012 CRICOS Provider No 00008C

This e-mail (including all attachments) is intended for the named recipient only. If you receive this e-mail in error, please inform the sender immediately by reply e-mail. Also, because the unauthorised use, storage, disclosure or copying of this e-mail (including attachments) may be unlawful, please delete the e-mail (and attachments) from your system and destroy any copies. If you are the intended recipient of this e-mail, please consult the original author before any disclosure, copying or distribution, if this is not explicitly permitted.

APPENDIX 4

EXPLANATORY STATEMENT

Project Number: CF13/1824 – 2013000947

Project Title: A Degree of Interpretation – Using accreditation standards to design undergraduate nursing curricula

Professor Wendy Cross

School of Nursing & Midwifery
[REDACTED]
[REDACTED]

Nicholas Ralph
[REDACTED]
[REDACTED]

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses listed above.

What does the research involve?

My name is Nicholas Ralph and I am a PhD candidate at Monash University. I am conducting a research study under the supervision of Professor Wendy Cross, Professor Melanie Birks and Professor Ysanne Chapman and you are invited to participate. This project aims to identify how accreditation standards are interpreted in the design of undergraduate pre-registration nursing curricula in Australia. The literature and anecdotal evidence suggest that the quality of nursing education is a dominant topic of discussion and that curriculum design plays a significant role in student attrition, student satisfaction, and the quality of graduates. In the interest of enhancing the curriculum design in the context of national nursing accreditation, the project team wish to record the perceptions of individuals who have been involved in the process of accreditation of a Bachelor of Nursing program.

Why were you chosen for this research?

You are being asked to participate as you have been involved in the process of accreditation of a Bachelor of Nursing program. Should you agree to be involved in this study you will be asked to participate in an interview. These sessions will be audio recorded.

Consenting to participate in the project and withdrawing from the research

If you decide to participate in this study, you will be asked to sign a consent form. Please note that you retain the right to withdraw from the study at any time up to the point of analysis without penalty.

Possible benefits and risks to participants

Participation in this study is entirely voluntary. There are no anticipated risks associated with involvement in this study. While you will not directly benefit from participating, you will be contributing to knowledge in this topic area that may enhance the use of accreditation standards in the development of nursing curricula.

Confidentiality

Every effort will be made to ensure that your contribution to this study remains anonymous. The data collected during your participation will be assigned a code. Furthermore, you will not be identified in any material published as a result of this study. It is anticipated that the findings of this study will be reported in journals and presented at conferences as well as being contained in any reports required by the university. As the number of Accreditation Managers involved in this type of work is relatively limited, there is a possibility that some aspects of the information

provided will be identifiable, however the presentation of findings as abstract concepts and theory makes such identification unlikely.

Storage of data

Data collected during the course of this study will be held in secure storage, only be accessible to the team members listed, and destroyed after five (5) years in accordance with the [Monash University regulations](#).

Results

On completion of the study, you will be able to access a plain language statement of the findings by emailing [REDACTED] with your request.

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):

Executive Officer
Monash University Human Research Ethics Committee (MUHREC)
Room 111, Building 3e
Research Office
Monash University VIC 3800

[REDACTED] [REDACTED] [REDACTED]

APPENDIX 5



CONSENT FORM

Project: A Degree of Interpretation – Using accreditation standards to design undergraduate nursing curricula

Chief Investigator: Professor Wendy Cross

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project. I understand that my participation in this project is voluntary and that I can withdraw at any time up to the point of analysis.

I consent to the following:	Yes	No
Audio recording during the interview	<input type="checkbox"/>	<input type="checkbox"/>
The data that I provide during this research may be used by the project team in future research projects.	<input type="checkbox"/>	<input type="checkbox"/>

Name of Participant _____

Participant Signature _____ Date _____

APPENDIX 6

Nicholas Ralph
School of Nursing and Midwifery
CQUniversity
Noosa, QLD, 4566
Phone: (07) 5440 7041
[REDACTED]
[REDACTED]

Re: Undergraduate Nursing Program Accreditation

Dear Ms Adrian

I am a PhD student at CQUniversity. I am currently researching how accreditation standards are used to design and develop undergraduate nursing curricula. My supervisors for this study are Professor Ysanne Chapman and Professor Melanie Birks.

I am interested in the interpretation of accreditation standards in the design and development of undergraduate nursing curricula. Specifically, I am interested in interviewing Accreditation Managers to gain their perspective on this process.

If you are able to assist in providing this letter to relevant staff I would be most grateful. Accreditation managers who are willing to participate in the research are invited to contact me via phone [REDACTED]

Yours faithfully,

[REDACTED]

Nicholas Ralph

RN, BN, MClinPrac with Distinction, PhD Candidate, MACN

APPENDIX 7

Nicholas Ralph
School of Nursing and Midwifery
CQUniversity
Noosa, QLD, 4566

[REDACTED]
[REDACTED]
[REDACTED]

Re: Undergraduate Nursing Program Accreditation

To the Head of School,

I am a PhD student at CQUniversity. I am currently researching how accreditation standards are used to design and develop undergraduate nursing curricula. My supervisors for this study are Professor Ysanne Chapman and Professor Melanie Birks.

I am interested in how accreditation standards have been interpreted in the design and development of undergraduate nursing curricula. Specifically, I am interested in interviewing academic staff who were involved in the process of accreditation.

If you are able to assist in providing this letter to relevant staff I would be most grateful. Any staff who are willing to participate in the research are invited to contact me via phone ([REDACTED])

Yours faithfully,

[REDACTED]

Nicholas Ralph

RN, BN, MClinPrac with Distinction, PhD Candidate, MACN