THE ORGANIZATIONAL CULTURE

IN SUCCESSFUL NURSING

PROGRAMS

BY

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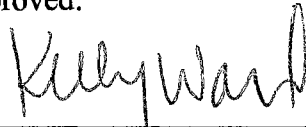
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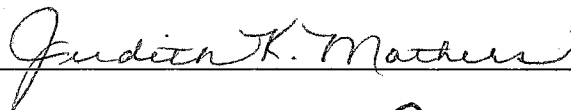Master of Science
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CHAPTER 1

INTRODUCTION TO THE STUDY

In the United States, the need for nurses is greater than ever before. This need is predicted to continue to increase over the next 20 years because of an aging population and a higher incidence of chronic illnesses. Even as the need for nurses increases, the average age of nurses in the workforce is rising and many may soon retire from the workforce. To compound the problem, there is a limited cohort of new nurses entering the profession (Lapolla, 2002). These factors contribute to a serious nursing shortage that is predicted to worsen between now and the year 2020 (Bureau of Health Professions, 2002). To address this shortage, nursing education programs are under pressure to produce an increased number of graduates. However, nursing graduates must pass a licensure examination before working in their field, and statistics show that over the past ten years, fewer graduates have passed the examination on the first attempt (National Council of State Boards of Nursing, 2003). Passing the licensure examination is important to the graduates who are eager to go to work in their chosen field, but it is also important to the nursing education programs pass rates are used by regulators, accreditors, and the public as an academic outcome that serves as an indicator of program quality (NCSBN, 2001). In summary, nursing graduates, the health care system, nursing education programs, and society as a whole share an interest in ensuring that graduates of nursing education programs are well-prepared for the licensure examination.

Background of the Problem

Nursing Education in the United States

In the United States and its territories, there are 1,666 board-approved nursing

education programs preparing graduates for registered nurse licensure. Of these

programs, 885 are associate degree programs, 695 are baccalaureate programs, and 86 are

diploma programs (National League for Nursing Accrediting Commission, 2002).

Associate degree programs are offered in community and technical colleges, and

baccalaureate programs are offered in universities. Diploma programs are offered in

hospitals, rather than educational institutions (AACN, 2003). At one time, most nurses

were educated in diploma programs, but most of these programs have either closed or

been subsumed by institutions of higher education. Currently, more registered nurses

hold an associate degree than any other type of degree (Spratley, Johnson, Sochalski,

Fritz, & Spencer, 2000). Although associate degree and baccalaureate programs prepare

graduates for the same level of licensure, there are some curricular differences in the

programs. Associate degree nursing education typically prepares the graduate for

providing patient care at the bedside in structured settings and for first-line management

positions. Baccalaureate nursing education provides an additional focus on the sciences

and humanities, research, community health, and nursing management (AACN, 2003).

As with all college programs, nursing education programs are held accountable to

standards established by higher education regulatory bodies. In addition to those

standards, nursing education programs also must meet the professional standards of

nursing boards and accrediting bodies. Boards of nursing are charged with protection of

the public through the regulation of nursing education and practice. To evaluate whether

nursing education programs meet minimum standards, boards of nursing conduct site visits and review program reports, in order to make decisions regarding approval of programs (NCSBN, 1998). While program approval is a statutory requirement, accreditation is generally a voluntary process involving independent evaluation by peer reviewers to ensure that the program meets additional standards of excellence (NCSBN, 1998).

There are differences in structure and credit hour requirements for baccalaureate and associate degree programs. Baccalaureate nursing education programs typically require 124-132 credit hours. The baccalaureate student completes required pre-requisite courses during the first two years of college (if attending full-time) before being admitted to the nursing program for the final two years. Associate degree programs are 64-72 credit hours in length. Although associate degree students can complete nursing and general education courses simultaneously, anecdotal reports indicate that many associate degree students complete most or all general education before beginning nursing coursework, because of the selective admission procedures, competition for space in the program, and student preference for part-time hours.

Admission to nursing education programs is generally selective. For associate degree programs, selective admission procedures often conflict with open access policies of the parent community college. However, they justify selective admission with the rationale that nursing education is a scarce resource that should be provided to those who are most likely to benefit (Bissett, 1995). Admission requirements vary from program to program, but they typically include academic measures such as grade point average and ACT/SAT or other standardized tests (Grubbs, 1989). Some programs also consider non-

academic factors, such as interviews, references, and work experience in the health professions. Once admitted to the program, students complete a combination of theoretical and clinical courses each semester, advancing from basic concepts and skills to care of patients with complex illnesses and needs. Students generally progress through the program as a cohort group, with few or no choices regarding courses taken or the sequencing of coursework. Objective multiple-choice examinations are often used as a primary method to assess student learning in the classroom, using test items designed to be similar in style to licensure examination items. Students also rotate through a variety of clinical areas each semester, providing care for patients with various types of health needs. Nursing faculty members establish the clinical objectives and learning activities, and students have few options regarding the kinds of clinical experiences completed.

Nursing students are often adults over the age of 25 who are working and have family responsibilities. The average student age for new nursing graduates is 30.9, up dramatically from an average age of 24.3 in 1985. The average age for graduates of associate degree programs is a bit older, at 33.2 years of age. This is consistent with the average age of community college students (Bryant, 2001). Before they begin their nursing education, approximately half of nursing students have either worked in other health care occupations or received a degree in another field. Students who have worked in other health care occupations are most likely to enter associate degree programs, possibly due to the fact that they are older, have limited finances and have family responsibilities (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2000).

After completing their basic nursing education, graduates apply for licensure in the state in which they plan to work. Approval for licensure is based on submission of

the application form, an official transcript, and other requirements as determined by state law, such as a criminal history records search (NCSBN, 2001). After being approved for licensure, the graduate takes the licensure examination, which is described in the next section.

The NCLEX Examination

To practice nursing in the United States, an individual must be licensed. This license is obtained by completing an approved nursing education program and subsequently passing a licensure examination, known as the National Council of State Boards of Nursing Licensure Examination, or NCLEX. A separate NCLEX examination is administered for registered nurse licensure (the NCLEX-RN) and practical nurse licensure (the NCLEX-PN). The NCLEX-RN examination is administered to more than 100,000 candidates per year (NCSBN, 2002). For the past ten years, the national pass rate on the NCLEX-RN examination has declined significantly, although there has been a partial rebound in the past two years. The following table demonstrates the decline in the percentage of first-time writers passing the examination:

Table 1: Percentage of First Time U.S.-Educated Candidates Passing the NCLEX-RN Examination During Calendar Years 1993-2002 (NCSBN, 2003)

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Pass Rate	91.1%	90.4%	90.4%	88%	87.8%	85%	84.8%	83.8%	85.5%	86.5%

The ability of the new graduate to pass the licensure examination is important to the nursing education program, as well as to the graduate. As stated previously, a program's pass rate is used as a measurement of the program's quality, with programs

often held accountable for maintaining a certain minimum performance (NCSBN, 2001). Consequently, nursing faculty expend much time and effort to identify factors impacting the success of the program's graduates and to implement changes designed to improve the pass rate.

The examination is developed by the National Council of State Boards of Nursing (NCSBN), an organization with membership composed of all boards of nursing in the United States and its territories. The development of the examination begins with a job analysis, which is a study conducted every three years. In job analysis studies, newly licensed registered nurses and licensed practical nurses are surveyed, rating the frequency of and the priority placed on selected nursing activities. This information is used to determine the percentage of test questions allocated to each category and subcategory of the test plan. Based on the results of the job analysis study, the NCSBN Examination Committee evaluates the need to revise the test plan and recommends revisions to the NCSBN Delegate Assembly, which is charged with review and decisions on approval of revisions (Norman, 1999).

Using the test plan as a guide, items are written for the examination pool. NCLEX examination item writers are volunteers who are chosen based on their clinical expertise, experience in writing test items, and geographical and ethnic diversity. Staff editors, content experts, and volunteer item reviewers selected for their expertise in current nursing practice review the items produced by the item writers to ensure that they are clear and reflective of entry-level practice. Before new items are incorporated into the examination pool, they are field tested with NCLEX candidates to determine their difficulty level, ability to discriminate, and performance. The development process also

includes checks to minimize the potential for bias due to culture, gender and other background factors. This is accomplished through item analysis by another panel, known as the Differential Analysis (DIF) panel. The DIF panel examines and makes recommendations concerning newly developed items that have been flagged in field tests as potentially biased, based on the responses of certain groups of examinees.

The NCLEX examination is offered at testing centers located in every state and U.S. territory. The examination is a computerized adaptive test - as the candidate progresses through the examination, the computer gauges their level of performance and gears the examination accordingly. When the candidate answers a test item correctly, the next test item will be on a higher level of difficulty. The candidate will continue to receive questions that are more difficult until the point is reached where approximately 50% of the items are answered correctly. This establishes the candidate's level of competency. The Examination Committee establishes a minimum level of competency and reviews it every three years for its appropriateness. If the candidate's level of competency is above the established minimum level of competency, a passing score is achieved. If not, the candidate fails the examination. This pass-fail status can be determined in as few as 75 or as many as 265 questions. After the examination is complete, the results are electronically transmitted to the test service and from them to the state board of nursing, which notifies the candidate of the results (Norman, 1999).

Problem Statement

In the past few years, the pass rate on the nursing licensure examination has dropped significantly, contributing to the nursing shortage problem. Nurse educators and

other stakeholders are examining factors that have contributed to the lower pass rate and they are exploring ways to promote graduate success on the examination. Little attention has been directed towards understanding the culture of nursing education programs whose graduates have a high pass rate on the licensure examination. Research is needed to assist nurse educators to identify cultural characteristics of such programs in an effort to increase overall success on the examination.

Purpose of the Study

This dissertation study explores characteristics of nursing education programs whose graduates are consistently successful on the licensure examination, using the perspective of organizational culture. Because organizational culture influences decision-making, interpretation of events, and practices (Jones, 1995), it provides a useful framework for this study. The findings from this study can assist nurse educators to better understand the characteristics within their program's organizational culture that foster successful academic outcomes.

Research Questions

The main research question that guides this study is: From the perspective of organizational culture, what are the characteristics of nursing education programs whose graduates have a high rate of success on the licensure examination? The supporting questions are:

1. What are the educational values shared by students, faculty and administrators in successful programs?

2. What are the assumptions providing the foundation for the educational values?

3. How are these values and assumptions used in decision-making, problem solving, and program practices?

4. How does the organizational culture promote the success of graduates on the licensure examination?

Description of Study

This study was conducted as a qualitative case study of nursing education programs with a demonstrated history of high pass rates on the licensure examination. The literature that informs the study includes organizational culture, organizational effectiveness, and factors impacting student success. The cases used for the study are three associate degree nursing education programs, selected according to specific criteria. At each of the selected programs, program and institutional documents (such as the student handbook, college catalog, and course syllabi) were analyzed in order to begin the process of assessing organizational culture. The study relies on individual and focus group interviews conducted with program and institutional administrators, faculty and students; and observations of interactions in the classroom, the clinical area, meetings and other settings. Additional review of documents, interviews and observations, as well as review and discussion with experts in the field, helped to refine and validate the findings.

Certain assumptions are made in this study. First, it is assumed that nursing education programs possess an organizational culture with identifiable characteristics. Kuh and Whitt (1988) support this assumption, arguing, "The culture of the discipline is the primary source of faculty identity and expertise and typically engenders stronger

bonds than those developed with the institution of employment, particularly in large universities" (p. 77). In nursing education programs, all faculty members are registered nurses; therefore, they share the bond of their profession. It is further assumed that the organizational culture can impact the learning environment, thereby affecting student success; an assumption supported by a review of the literature (Ayres & Bennett, 1983; Gaziel, 2001; Lizzio, Wilson, & Simons, 2002; Mitchell & Willower, 1992; Smart & St. John, 1996). By describing characteristics of the organizational culture, nurse educators may be able to glean information that will help them to improve the learning environment provided in their own programs. Last, it is assumed that pass rate will continue to be used by regulators, accrediting bodies, and the public as an outcome measuring the quality of the nursing education program.

Definitions

Definitions of common terms used in this study are provided to assist the reader to understand terms and concepts. The definitions are as follows:

Accreditation – a process by which an educational institution or program seeks an independent evaluation by peer reviewers of the processes and outcomes of the institution or program, in order to obtain recognition by a body that is recognized by the Department of Education.

Approval – a process whereby a state regulatory body grants recognition to an institution or program, based on achievement of minimum standards required by law.

Assumption- unconscious beliefs, perceptions, thoughts, and feelings (the

ultimate source of values and actions) (Schein, 1992).

External adaptation – survival and growth of the system in its environment

(Schein, 1992).

Internal integration – permits the daily functions of a system and facilitates its

ability to adapt (Schein, 1992).

NCLEX – an acronym for the National Council of State Boards of Nursing

Licensure Examination.

NCLEX-RN – an acronym for the National Council of State Boards of Nursing

Licensure Examination for Registered Nurses.

NCSBN – an acronym for the National Council of State Boards of Nursing, an

organization composed of all boards of nursing in the United States and its

territories.

NLN – an acronym for the National League for Nursing, a professional

association that promotes the development of nursing education. A separate

branch of the NLN, the National League for Nursing Accrediting Commission, is

the primary accrediting body for nursing education programs.

Nurse administrator – a Registered Nurse who has administrative responsibility

for the nursing education program. The nurse administrator's title varies in

different institutions, depending on the organizational structure. Titles may

include coordinator, director, chair, or dean.

Nursing education program – a program located in a university, college, or

hospital that prepares graduates for initial licensure as a Registered Nurse. A state

board of nursing has the authority to approve nursing education programs. A national accrediting body, such as the National League for Nursing Accrediting Commission, also accredits many programs.

Organizational culture - a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein, 1992, p. 12).

Preceptorship – a clinical experience offered in a nursing program not directly supervised by a faculty member, in which the student works alongside a nursing staff member at a clinical facility

Value – standards to guide activities, enduring over time and arising from deep convictions (Rokeach, 1973).

Overview of the Study

This dissertation includes an introductory chapter, a review of the literature, a description of the research design, the research findings, and conclusions. The introductory chapter has provided an overview of the dissertation topic. Chapter 2 includes a review of related areas of literature, including organizational culture, organizational effectiveness, and factors impacting student success. The focus of Chapter 3 is the research design and methodology; including the theoretical framework, research methods, and techniques used for data analysis. The focus of Chapters 4 and 5 is the research findings; and in Chapter 6, implications, applications, directions for future

research and limitations are discussed. A bibliography and appendices are included at the end of the study.

CHAPTER 2

REVIEW OF THE LITERATURE

There has been limited study of organizational culture in nursing education

programs and its relationship to program effectiveness and academic outcomes. Having

an understanding of concepts of organizational culture and effectiveness is important to

assist in determining links between the two. Examining research related to student

success in nursing education will help in evaluating the relationships between

organizational actions and academic outcomes. This chapter includes a review of

Schein's (1992) model of organizational culture as well as other research in this area. In

addition, the chapter includes a review of the literature on organizational effectiveness,

links between organizational culture and effectiveness, and factors impacting student

success in nursing education.

Organizational Culture

Basic Concepts of Organizational Culture

Although there is very little research published on organizational culture in

nursing education programs, much has been written about the concept of organizational

culture and its application to educational institutions overall. A cultural view of an

organization "encompasses the system of social ideals and the set of symbolic devices

(myths, rituals, signs, metaphors, special languages) that embody and are used to convey

the ideals" (Louis, 1983, p. 43-44). Information related to general concepts of

organizational culture provides a foundation for understanding the research on

organizational culture in educational institutions and more specifically, the culture of

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academic departments. While Schein's model is used as a framework for this study, the work of other researchers on organizational culture provides a broad base for understanding related research and theoretical constructs in this area.

Schein's (1992) theory of organizational culture is used as a theoretical lens for this study, because it exemplifies a functionalist approach to organizational culture. A functionalist approach primarily views culture in terms of its ability to predict productivity in the organization (Martin, 2002), a view that is consistent with the research questions that guide this study. Schein defines organizational culture as a "pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems" (p. 12). The concept of organizational culture emerged as theorists moved away from the view of organizations as rational and mechanical systems; and instead began to view them as culture-bearing milieu (Louis, 1983). Organizations are currently seen as possessing distinctive cultures that develop from social interaction and provide meaning and an orienting framework for group members (James, James, & Ashe, 1990). Kuh and Whitt (1988) theorize that culture serves four purposes for organizational participants: it provides a sense of identity, facilitates commitment, enhances stability, and shapes behavior. Cultures and subcultures develop in organizations to varying degrees; the strength of the culture being related to the stability of the membership, consistent use of key ideas, size and age of the organization, and the permeability of organizational values. The extent to which individual members of the organization participate in the culture also varies, and is measured by the

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individual's own perception of participation (Louis, 1983). Culture influences organizational actions by affecting decision-making, problem solving, and procedures (Schein, 1992).

Theories of organizational culture are generally grounded in one of two competing perspectives of culture: symbolism or functionalism. Those who espouse a symbolic perspective believe that meaning is created by members of the organization and communicated by its symbols. Some organizational symbols are created deliberately to send a message; others are subtle and are unconsciously used. Using a symbolic perspective, one might focus on ways that individuals interpret and understand their experiences, rather than on resulting actions (Smircich, 1983). The symbolic perspective is supported by the use of phenomenological research methods, but a disadvantage to the use of these kinds of research methods is that few researchers have the time or monetary support to pursue research of organizational culture simply to understand its meaning to participants (Peterson & Spencer, 1990). In many cases, research on organizational culture is undertaken with a focus on organizational improvement; therefore, the researcher adopts a functional perspective (Peterson & Spencer, 1990). Those who espouse the functional perspective believe that cultural characteristics develop within an organization in order to permit the participants to solve problems that threaten organizational survival. Therefore, the organizational culture serves as a shared frame of reference for participants, providing rules for action (Smircich, 1983). Schein's model, on which the current study is based, is an example of a functionalist perspective. A summary of Schein's model of organizational culture follows.

Schein (1992) describes three levels of organizational culture. On the most superficial level are found the "artifacts" of the organization: the constructed physical and social environment, written and spoken language, stories, technology, traditions, rituals, myths, and behavior. Artifacts are easily observed by outsiders, but their meanings may be difficult to understand. Examples of artifacts in higher education include the physical layout of the institution, the college catalog, faculty and student handbooks, faculty committee meetings, student orientation sessions, and informal interactions in offices and hallways. On the second level of organizational culture are the "values" of the organization. Rokeach (1973) says that values serve as standards to guide activities, enduring over time and arising from deep convictions. According to Rokeach, there are only a limited number of values, which are shared by people everywhere, but to different degrees. The priority placed on certain values varies from one culture to another, which is one reason for cultural differences. Priority placed on values also varies from one person to another, with each person using only a small number of values to guide their activities. According to Schein (1992), organizational values originate with the values of the founder or founding members; however, the original set of values do not persist unless the participants in the organization find that the values are effective in promoting organizational survival. Organizational values are consciously considered by the participants in the organization, and may be visible in the organization's mission statement and readily verbalized to outsiders. However, Schein cautions that the espoused values are not necessarily the same as the values that are used in practice, thus calling for the need to take a broad-based approach in studying culture.

Over time, as certain values are found to be effective in promoting organizational survival, they begin to be taken for granted by the participants and gradually become deeply-held assumptions. Assumptions comprise the third and deepest level of the culture in Schein's model. Assumptions are the most difficult to understand, because they are taken for granted, are not readily verbalized, and are considered a true picture of reality by the participants. "Through more intensive observation, through more focused questions, and through involving motivated members of the group in intensive self-analysis, one can seek out and decipher the taken-for-granted, underlying, and usually unconscious assumptions that determine perceptions, thought processes, feelings, and behavior" (Schein, 1990, p. 112). As the assumptions of the organization begin to emerge, a picture of the organization's culture develops.

Outsiders and newcomers to the organization often struggle with how to obtain a sound understanding of the culture in a relatively short period. Trice and Beyer (1984) recommended the study of cultural rites as a method to gain knowledge about the culture. Rites are defined as "relatively elaborate, dramatic, planned sets of activities that consolidate various forms of cultural expressions into one event, which is carried out through social interactions, usually for the benefit of an audience" (Trice & Beyer, 1984, p. 655). By identifying and observing organizational rites, one can begin to identify elements of the culture that warrant further study. "Because they are such public and collective means of expression, rites and ceremonials seem more likely to arise and be successful in areas in which some social consensus already exists about ideologies and values" (Trice & Beyer, 1984, p. 666). Another advantage of studying rites is that they are generally scheduled events played out in public, making them accessible to the

outsider. Trice and Beyer identify six types of rites: rites of passage, rites of degradation, rites of enhancement, rites of renewal, rites of conflict resolution, and rites of integration. They argue that these rites can be identified in most organizations, especially when there is a strong predominant culture.

Organizational Culture in Education

There is controversy in the literature as to whether institutions of higher education can be said to possess a unique organizational culture that characterizes the institution as a whole. Traditionally, universities have been viewed as communities of scholars who have a common heritage and shared values, lacking in the need for a hierarchal structure and using a consensus-building approach for decisions. In today's world, this traditional image may no longer hold true. Universities of today have been described as organized anarchies, multiversities, loosely coupled systems, professional organizations, and establishment organizations (Harmon, 1989). Silver (2003) argues that a unitary culture may historically have been more characteristic of a small, stable academic institution. In contrast, faculty members in contemporary institutions of higher education tend to be more committed to and grounded in the norms and values of their own academic disciplines. In a cultural audit of a large Australian university, Harmon (1989) found the university possesses multiple and diverse cultures, but the faculty share certain core values, including values related to high standards in scholarship and academic leadership, the importance of knowledge creation and transmission, academic freedom, and academia as a calling. Silver (2003) found that university faculty members generally do not see their respective universities as embodying the characteristics of a culture; instead, they describe environments of constant change and conflict. "For them, stability lay not in the

institution, but in the values of scholarship associated with the discipline and the academic profession" (Silver, 2003, p. 162).

The findings of Harmon and Silver support the view of large, multipurpose colleges and universities as entities possessing many cultures. Different levels of the organization, different disciplines, and even departments form cultures within the organization. This view is echoed by other researchers (Chaffee & Jacobsen, 1997; Harmon, 1989; Knight & Trowler, 2000; Kuh & Whitt, 1988). Austin (1990) says that professional and academic disciplines such as nursing are value-laden, a source of faculty identity, and a strong influence on beliefs and behavior. Chaffee and Jacobsen (1997) point out the strength of academic disciplines:

> Even when cooperative ventures are developed across disciplinary boundaries, it is with the authority of an expert that representatives from given disciplines contribute. Consistent with this belief, the most important heroes within a collegial culture are those individuals who have contributed…most significantly to its knowledge base. Students are seen preferably as potential converts to disciplinary membership but, at the least, as a ready audience for its tenets (p. 237).

Academic disciplines may differ in their approaches to the creation of knowledge and beliefs about knowledge, definitions of quality and excellence, maturation stages, and research methods. Academics who are members of the professions may also place value on the vocational skills and attitudes of the profession and the emphasis placed on professional practice and competence (Harmon, 1989). Depending on the organizational structure and size, a nursing education program may be categorized as a school, an academic department or division, or a program within a department. Regardless of how it is categorized, the literature supports that a nursing program can form its own culture within a larger institution, due to bonds of the profession.

The differing missions of higher educational institutions may also affect the kind of organizational culture developed. For example, the missions of universities often place high value on research, specialization, continued learning, and academic freedom. In contrast, community colleges may place more value on accessibility, diversity, community services, effective teaching, and developing basic skills needed for success in college (Austin, 1990; Cross, 1997). However, Chaffee and Jacobsen (1997) identify certain elements of culture that are common to most institutions of higher education, including the values of faculty autonomy, intellectual integrity, and respect for scientific inquiry.

Dill (1982) believes that higher education has traditionally possessed quite a strong and visible culture, with its roots in medieval universities. However, he argues that academic culture is weakening, due to the loss of a unifying system of belief necessary for maintenance of a culture. This weakening of the academic culture has several underlying causes, including the erosion of sectarian religious beliefs upon which many universities were founded, the rapid growth of higher education systems, and a growing tendency for faculty to identify with their own discipline. Dill encourages leaders in higher education to consider the importance of organizational myths, symbols, and rituals in the maintenance of culture and to use them to nurture those values that are fundamental to academic institutions, which include values such as honesty, communication of knowledge, and continued intellectual growth. Canonizing faculty exemplars, utilizing mentors to socialize new faculty, and promoting organization-wide communication are examples of ways to foster a strong academic culture.

A review of the literature on organizational culture shows that much of the research has been conducted in business settings, although some research has been conducted in institutions of higher education. Little of this research is at the level of academic departments. In addition, there has been limited study on the organizational culture of community colleges; and one must be cognizant that findings on organizational culture of universities may be significantly different from that of community college settings. No research on organizational culture was found that was conducted in nursing education programs. Organizational effectiveness is often linked to the concept of organizational culture, and the literature in this field is presented next, followed by a review of studies that link organizational culture and effectiveness.

Organizational Effectiveness

Because NCLEX pass rate is commonly used as a measurement of effectiveness in nursing education programs, a review of the literature related to organizational effectiveness is provided. The current emphasis on organizational effectiveness in educational institutions has its roots in the quality movement in business, known as Total Quality Management (TQM) or Continuous Quality Improvement (CQI) (Marchese, 1997). Key concepts in the quality movement include a focus on the quality of the product, which is driven by customer needs and evaluative data, with continuous improvement in processes and outcomes. From this movement emerged concepts such as reengineering, benchmarking, learning organizations, and strategic planning (Marchese, 1997). Educational leaders have been interested in the quality movement because internal and external forces have created a need to measure effective performance and

demonstrate quality. These forces include greater diversity in student populations and needs, accreditation requirements, pressure from the public, and competition from new educational providers (Chaffee, 1998). However, the quality movement has met with resistance from many educators, because it runs counter to traditional cultural values in education; for example, values related to autonomy, academic freedom, and individuality (Marchese, 1997).

Defining effective performance in institutions of higher education is difficult, due to "absence of measurable goals, loose coupling, little direct connection between acquired resources and products, and an ability to ignore major constituencies" (Cameron, 1986, p. 88). Institutions of higher education have traditionally measured their quality in ways that are "passive and implicit" (Dill, 1999, p. 128), such as the number of doctorally-prepared faculty, grants received, and new facilities built. The reputation of the institution has also been used as an indicator of quality, even though reputation is difficult to measure (Freed & Klugman, 1997). Many educational researchers have attempted to identify dimensions of organizational effectiveness that can be used to validly and reliably predict institutional health in educational settings. A review of the literature in this area is summarized in the following paragraphs.

Cameron (1981) identifies nine dimensions of organizational effectiveness in institutions of higher education: student satisfaction, academic development, career development, faculty and administrator satisfaction, professional development and quality of faculty, system openness and community interaction, ability to acquire resources, and organizational health. In a study of 29 universities, Cameron (1986) found a positive correlation of these dimensions with other independent indicators of

institutional well-being and viability (financial health, enrollment trends, and ratings of academic quality). The strategic orientation of top management, the revenue acquisition ability of the institution, and the selectivity of the student body are also positively correlated to effectiveness; and perceptions of a turbulent, hostile external environment are negatively correlated with effectiveness. In a follow-up study, Cameron (1992) examined universities operating in an environment of turbulence, competition, and unpredictability; finding that the effects of this type of environment can be mitigated by proactive managerial strategies that utilize current areas of expertise to expand to a broader customer base.

In a study of the effect of declining financial resources on organizational effectiveness, decreasing revenues were found to be associated with a decline in organizational effectiveness. However, some institutions with significant decreases in revenues were found to be able to maintain a high level of effectiveness by involving all members of the institution in planning and implementing the cutbacks, ensuring leaders in the institution are visible and accessible to all, sharing information broadly and consistently, analyzing the types of organizational changes needed, promoting the use of cross-level and cross-functional teams, and implementing fair appraisal, reward, and development systems (Cameron & Smart, 1998). In the same study, organizational characteristics associated with a decline in organizational effectiveness are identified, which include decentralization of decision-making and power, short-term crisis mentality, loss of innovativeness, resistance to change, decreasing morale, politicized interest groups, non-prioritized cutbacks, loss of trust, increasing conflict, restricted communication, lack of teamwork, and scape-goating of leaders. Although these studies

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were conducted in universities at the institutional level, the findings have relevance in interpreting findings in other types of educational institutions and in academic departments.

Tierney (1999) also has researched indicators of organizational effectiveness in higher education. He identifies five indicators that are commonly associated with effectiveness. The first indicator is what he calls "management by fact", also known as data-driven decision-making. Tierney advocates using common measurements of quality among similar educational institutions to ensure equitable comparisons of outcomes. These outcomes should be used to drive institutional decisions and practices. The second indicator of organizational effectiveness identified by Tierney is the presence of clearly articulated, finite, short-term goals that drive organizational practices and provide guidelines for everyday operations. However educational institutions should also have a vision and grand long-term goals, the third indicator of effectiveness, that "move institutions away from minimalist survival techniques and toward a sense of identity and commonality across groups and interests" (Tierney, 1999, p. 88). The fourth indicator is the efficient use of time, resources, and processes. Tierney says that the institution can move forward towards its goals efficiently if the participants have an understanding of costs, use effective organizational processes, and develop time frames for completion of activities. Commitment is the fifth indicator of quality. Tierney (1999) believes that institutions of higher education must be committed to community, academic freedom, access and equity, excellence and integrity, and inquiry.

In nursing education, many programs have adopted elements of the quality movement, due to pressure from accreditors, regulators, and discriminating consumers.

NCLEX pass rates are used as a standardized measurement of effectiveness that can be readily understood by the public. While the use of pass rates alone provides insufficient information by which to judge the quality of a nursing education program, they are an outcome that can become a starting point for a systematic evaluation plan that measures educational effectiveness and fosters effective academic planning.

Linking Organizational Culture and Effectiveness

Describing the relationship between organizational culture and effectiveness has proven to be a challenging task. In the business world, much of the research on organizational culture has been conducted with the objective of identifying how culture impacts performance and productivity. In a study of American businesses, Denison and Mishra (1995) used a combination of qualitative and quantitative techniques to develop a model of organizational culture and effectiveness. These researchers studied five firms, using a case study approach to identify cultural traits associated with effective organizations. The cultural traits they identified are involvement, consistency, adaptability, and mission. They then surveyed 700 firms to determine the presence of these traits and to seek validation that the traits are associated with effectiveness. They found that in companies in which there is high involvement, workers believe that they can create their own reality rather than having reality defined for them. Control systems are implicit and consensual, and are based on internalized values rather than prescribed rules. Having consistency also contributes to the internal integration of the organization, providing coordination and stability. The other two traits identified by the researchers are related to the organization's relationship with the external environment. Adaptability is

"the capacity for internal change in response to external conditions" (Denison & Mishra, 1995, p. 215). It allows the organization to receive information from the environment and make appropriate changes based on the interpretation of this information. The last trait identified by Denison and Mishra is mission. The researchers found that having a long-term vision for the organization is important in promoting organizational effectiveness. The researchers conclude that the four traits are characteristics associated with an effective organizational culture, although they do not provide a complete model of culture. Although this research is based in business firms, the findings may have applicability in the educational arena. However, no follow-up study has been done exploring the presence of these traits in educational institutions. Further research is needed to determine whether these traits are universal values that contribute to effectiveness in all types of organizations.

Studies in K-12 Settings

Research on relationships between educational effectiveness and organizational culture appears to have been conducted more often in K-12 settings than in higher education. Although there are differences in culture and measurements of effectiveness in the two systems of education, a review of the research conducted in K-12 settings may still have relevance for this study. Using a case study approach, Mitchell and Willower (1992) examine the organizational culture in a high school selected for its high student achievement scores and reputation for excellence. Through interviews, observations, and document analysis, the researchers identify a shared culture among students, faculty, and administrators in the high school in which high value is placed on both academic success and school spirit. Exhibits and displays throughout the school call attention to

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outstanding academic and athletic performances, helping to foster school spirit and emphasizing the importance of success in both areas. Although students interviewed see friends, school spirit, and athletic achievement as important, they also place high value on academic achievement, seeing academic success as the key to their future success. The teachers in this school are a cohesive group who respect and trust administration and the school board, expect administrative support, value autonomy, and have high expectations for their students. The students generally have good relationships with the teachers, viewing the teachers as being there to help them. The high school is located in a small community whose major employer is a major medical center. The medical center is seen by many participants as being a particularly important influence because of the large proportion of highly educated community members, the affluent lifestyle of the physicians (whose children generally attended the high school), and the model of educational success it provides. Leadership is influential on the school's culture - most participants believe the positive changes in the school were linked with the arrival of the superintendent.

Peterson and Deal (1998, 1999) also emphasize the importance of effective leadership, asserting that leadership is the key to promoting positive, student-centered cultures. Elements of a positive school culture include a student-focused mission; a rich sense of history; core values of collegiality, performance, and improvement; positive beliefs about student potential; a strong professional community; positive communication; shared leadership; the use of stories, rituals and ceremonies to reinforce values; a positive physical environment; and emphasis on respect and caring. According to Peterson and Deal, school leaders shape culture over time by developing a student-

centered mission and purpose, strengthening positive elements of the existing culture, building on traditions and established values, recruiting staff who share positive cultural values, using the history to fortify core values, and ensuring that values are sustained in everything the school does. Specific strategies by which school leaders can positively influence cultural change include communicating core values in words and actions, honoring those in the organization who exemplify those values, using rituals and traditions to promote the values, celebrating accomplishments, and recounting stories of success (Peterson & Deal, 1999).

In his study of Israeli secondary schools with a high percentage of disadvantaged students, Gaziel (2001) analyzed links between school culture and student outcomes, and found that schools with higher academic outcomes have different cultural characteristics from schools defined as average. The most important difference is related to the value placed on academic achievement, continuous school improvement, and an orderly environment, in that order. Simply put, schools that emphasize academic achievement and continuous improvement tend to have better academic outcomes. Gaziel defines an orderly environment as one in which there are explicit expectations, clear objectives, distinct roles, and behavioral codes. Gaziel found that having an orderly environment is a characteristic of effective schools, but schools that value orderliness without also valuing academic achievement and continuous improvement do not have positive academic outcomes. He cautions, "Although orderliness is important in schools, when it becomes the sole important norm, it prevents other norms from begin expressed within the school" (2001, p. 216). Gaziel did not find effectiveness to be associated with the values of adaptation to customer demands, student participation, or teamwork.

Although there are obvious differences in K-12 and higher education, the above studies provide a helpful perspective on relationships between organizational culture and effectiveness in educational institutions. A smaller number of studies linking organizational culture and educational effectiveness have been conducted in institutions of higher education. However, there are some similarities in the findings in higher education and the K-12 system.

Studies in Higher Education

In a study of data from 334 universities, Cameron and Freeman (1991) examined correlations between dominant culture types, culture congruence, and organizational effectiveness. The authors identify four dominant culture types. The first is the clan culture, which is characterized by cohesiveness, teamwork, a sense of family, loyalty, commitment, and morale. The hierarchal culture is second, and it is dominated by order, rules, efficiency, clear expectations, stability, control, and predictability. In the adhocracy culture, the third type, important values include creativity, entrepreneurship, adaptability, and growth. The fourth culture is the market culture, which is dominated by competitiveness, achievement, goals, and market orientation. The researchers evaluated the type of culture, culture congruence within the university, and organizational effectiveness in the 334 universities surveyed. The predominant cultures found in these universities are the clan and hierarchal cultures. They found that either a clan or an adhocracy culture are most likely to be associated with Cameron's nine dimensions of effectiveness; and those with a hierarchal culture are least likely to be associated with effectiveness. Cameron and Freeman found that the congruence of the culture within the university was not correlated with its effectiveness, which lends support to the idea of

niversities as institutions with many cultures. Using the same set of data, Smart and St.

)hn (1996) found that the strength of the culture also contributes to organizational

fectiveness. A similar study conducted by Smart and Hamm (1993) in community

)lleges found that adhocracy and market cultures are more likely to be associated with

·ganizational effectiveness in community colleges; and hierarchal cultures are least

<ely to be associated with effectiveness. The differences in the cultures that are

;sociated with effectiveness in community colleges versus universities may be related to

e differences in their missions. Further, the differing nature of faculty work and

)mposition of the faculty in community colleges and universities may impact the type of

ilture likely to lead to effectiveness.

Ayres and Bennett (1983) examined performance on the National Teachers'

<amination (NTE) for students with similar SAT scores enrolled in fifteen North

irolina public universities. Quantitative data were collected on university

iaracteristics to determine correlations between specific characteristics and achievement

tes on the NTE. Among those characteristics are specific factors for library facilities,

rriculum requirements, student body attributes, faculty characteristics, and financial

sources of the institution. In addition, the researchers conducted interviews of

ministrators, faculty, and students on four campuses to obtain insight into the role that

n-quantitative characteristics play. They found that most quantifiable characteristics

ᵉ at most only weakly associated with student achievement rates, with the exception of

o. The first characteristic found to be associated with student achievement is academic

ᵉparedness of the student body, as measured by the average SAT score and the

)portion of the student body drawn from the top 40 percent of a high school class.

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Even more highly correlated with student achievement is the percent of the liberal arts faculty holding a doctoral level degree. According to the authors:

> The students at the higher-ranking campuses more often commented about faculty members pushing them to the limits of their ability. On the other hand, a student at one of the lower-ranking campuses described an atmosphere where professors established a minimum level of competence expected from every student in a class but offered few incentives to exceed that minimum level to truly test the limits of the students' abilities (Ayres & Bennett, 1983, p. 525).

The authors conclude that successful institutions provide an environment in which there are high expectations of the faculty and students. They recommend that institutions aspiring to higher rates of student achievement work towards fostering this environment of high expectations.

Lizzio, Wilson, and Simons (2002) studied the effects of students' perceptions of the academic environment on their approaches to study and their academic outcomes, using a cross-disciplinary sample of more than 600 undergraduate students attending the same university. The researchers measured students' perceptions of teaching effectiveness, their approaches to learning (a deep approach with intrinsic motivation and an emphasis on understanding meaning versus a surface approach with extrinsic motivation and an emphasis on reproducing content), and their academic achievement. They found that students who perceive that the teaching environment is positive are more likely to use deep approaches to studying and have positive academic outcomes. A positive teaching environment involves "good teaching, clear goals and standards, appropriate assessment and emphasis on independence" (Lizzio, Wilson, & Simons, 2002, p. 45). The researchers also found that when students perceive that the workload is overly heavy and that the assessments used to evaluate their learning are inappropriate, they are more likely to use surface approaches to studying. The authors found that

students' perceptions of the teaching environment are a stronger predictor of academic outcomes than are high school achievement or admission scores. They suggest that faculty wishing to improve the teaching environment start with examining required workload and methods used to assess student learning, since these areas are consistently shown to be related to a surface approach to studying and poor academic outcomes.

In summary, the research demonstrates links between characteristics of the culture and academic outcomes (as well as other measures of effectiveness) in educational institutions. However, few studies have been conducted in academic departments, and none that have been conducted in nursing education programs. There have been several studies done in nursing education programs on factors impacting student success in the program and on the licensure examination. While not specifically related to organizational culture of the program, it may be helpful to review this research to consider other factors impacting success.

Factors Impacting Student Success in Nursing Education

Many studies have examined predictors of success in nursing education programs and on the licensure examination. These studies have primarily focused on student characteristics, such as race, age, ACT/SAT scores, selected course grades and overall grade point average. A limited number of researchers have looked at program characteristics that are associated with a high rate of student success. Because this study uses student success on the licensure examination as an indicator of program effectiveness, it is important to examine those factors that may impact success.

A number of descriptive studies report on the relationship between selected student characteristics and success on the licensure examination. Many of these studies use convenience samples, which limits the transferability of the findings. Campbell and Dickson (1996) evaluate 47 studies conducted between 1981-1990 on predicting nursing student success in baccalaureate nursing programs. Their evaluation shows that the cognitive variables that most often predict student success are ACT scores and grade point average in science, prenursing, and nursing courses. Non-cognitive factors, such as measures of test anxiety and self-esteem, are weak predictors. Certain demographic characteristics, such as educational level of the parents, age, and financial status are also significant predictors of success. Other researchers have also found a relationship between academic factors (such as higher standardized assessment test scores, grades in nursing courses, and grade point average) and success on the licensure examination (Barkely, Rhodes, & Dufour, 1998; Briscoe & Anema, 1999; Drake & Michael, 1995; Endres, 1997; Lamm & McDaniel, 2000; Roncoli, Lisanti, & Falcone, 2000).

Studies on program characteristics or program changes associated with an improved NCLEX pass rate have primarily been conducted by faculty members within their own programs. In the meta-analysis described previously, Campbell and Dickson (1996) review studies that report on the outcomes of intervention programs designed to impact student success. They note that in these studies, providing a support group is the only program intervention predictive of a higher rate of NCLEX success. Jeffreys (2001) found that students who participate in an enrichment program (consisting of an orientation, mentoring, tutoring, study groups, career advisement and guidance, workshops, networking, biannual newsletter, and transitional support) have higher pass

rates and lower withdrawal rates when compared to a control group of non-participants. In Jeffreys' study, the students identified the following factors as supportive of their retention in the program: the enrichment program, faculty advisement, college tutoring, family emotional support, and transportation. Factors identified as greatly restricting their retention in the program are family crisis, financial status, employment responsibilities, family financial support, and family responsibilities. These findings support that an institution can positively impact the student's retention in the nursing education program by offering academic and non-academic support services.

Several authors have reported on the success of plans implemented with the goal of improving NCLEX pass rates. Wolahn and Wieczorek (1991) report on a comprehensive plan implemented in a New York baccalaureate nursing program to improve the NCLEX pass rate. The plan included actions to address student preparation for the NCLEX, curriculum revision, enrichment/remediation, academic advisement, recruitment and admissions, general administration, funding, and evaluation. The authors note that this plan resulted in improvement of the NCLEX pass rate, although they only reported one year of results. Franklin and Tolbert (1995) describe another plan implemented at a baccalaureate nursing program that resulted in an improved NCLEX pass rate. The faculty in this program conducted an investigative study to determine predictors of NCLEX success. Based on this information, they made changes in course content and clinical foci, developed an ongoing peer evaluation process, required students with low scores on a pre-licensure assessment examination to enter into an enrichment program, and provided individual student counseling for all students based on assessment data. Siktberg and Dillard (2001) report on changes made in a midwestern university

program that resulted in significant improvement in the NCLEX pass rate for six consecutive years. These changes included changes in policies related to admission and progression (for example, changes in admission tests used or changes in minimum grade point average required for progression into the next nursing course in the sequence), course changes, and requirements for an NCLEX-RN review.

Poorman, Webb, and Mastorovich (2002) describe the experiences of self-identified at-risk students with faculty members who are perceived by those students as being helpful or as hindering their progress. The researchers found that these students hold certain expectations of their faculty; for example, they expect the faculty to want to know them as people. They also see the faculty as having all the solutions. Faculty behaviors identified by the students as helpful are being available to the students, reviewing information and assisting students to prioritize it, and approaching students to offer help. Faculty behaviors seen as hindering student success include behaviors that denote lack of caring or disinterest, ownership of the classroom by the faculty, hovering over students, and showing favoritism.

Summary

Although there is a large body of literature on organizational effectiveness and organizational culture in higher education, limited research has been done on the relationship between organizational culture and effectiveness in nursing education programs or in other academic departments. Findings from K-12 education and higher education suggest that organizational values often associated with positive academic outcomes include high standards, student support, and continuous improvement. Other

factors associated with positive academic outcomes are academic qualifications of students and faculty, policies related to admission and progression, workload, and appropriate assessment of student learning. This study will assist in understanding the nature of the organizational culture in nursing education programs with successful graduate outcomes on the licensure examination. The next chapter describes the methodology of this study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Some nursing education programs are consistently successful in producing

graduates who pass the licensure examination on the first attempt. This dissertation study

explores characteristics of nursing education programs whose graduates are consistently

successful on the licensure examination, using the perspective of organizational culture.

Because nursing education programs are held accountable for the pass rates of their

graduates on the licensure examination by regulators, accrediting bodies, college

administrators, their students, and the health care community, the findings of this study

will have implications for educators who desire to foster a culture in their own

organizations that promotes positive academic outcomes.

Research Questions

The main research question that guides this study is: From the perspective of

organizational culture, what are the characteristics of nursing education programs whose

graduates have a high rate of success on the licensure examination? The supporting

questions are:

1. What are the educational values shared by students, faculty and administrators in
   successful programs?

2. What are the assumptions providing the foundation for the educational values?

3. How are these values and assumptions used in decision-making, problem-solving,
   and program practices?

4. How does the organizational culture promote the success of graduates on the licensure examination?

Research Design and Rationale

In the spirit of naturalistic inquiry, this research uses qualitative methods. "Naturalism proposes that, as far as possible, the social world should be studied in its natural state, undisturbed by the researcher" (Hammersley & Atkinson, 1995, p. 6). The use of qualitative methods is consistent with naturalism, because qualitative research methods focus studying the topic as it appears in its natural setting.

In this study, a case study approach is used to describe the organizational culture of three nursing education programs, focusing on the impact of the culture on student/graduate success. A case study is "an exploration of a 'bounded system' or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context" (Creswell, 1998, p. 61). The data collection for a case study typically includes interviews, observations, and document review, which are later analyzed for the emergence of themes and the development of theoretical concepts. By providing a detailed description of the case and the context in which the case exists, the reader can gain valuable understanding of the culture of the setting (Creswell, 1998).

Theoretical Assumptions Guiding the Research

According to Crotty (1998), "realism is an ontological stance that reality exists outside of the mind" (p. 10). Realism is the basis for objectivism, which is associated with the epistemologies of positivism and post-positivism. Those who approach reality

from an objectivist view assume that reality exists and can be at least partially, if not completely, apprehended by the researcher (Guba & Lincoln, 1994). Realism contrasts with the ontological stance of relativism, in which realities are "apprehendable in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature (although elements are often shared among many individuals, and even across cultures), and dependent for their form and content on the individual persons or groups holding the constructions" (Guba & Lincoln, 1994, p. 206). The theoretical perspective of constructionism is associated with this ontology. Crotty (1998) indicates that constructionism is "the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context." (p. 42). In the constructionist's paradigm, meaning is constructed through interactions with the realities in one's own world. The constructionist does not view a representation of reality as absolute truth but "simply as more or less informed and/or sophisticated" (Guba & Lincoln, 1994, p.206).

Cultural studies are often grounded in a constructionist paradigm, because culture is formed through social interaction, enabling members of the culture to construct their own reality. Crotty (1998) said that in constructionism, culture is "seen as the source rather than the result of human thought and behavior" (p. 53). This view of culture may not seem to be entirely consistent with Schein's functionalist perspective, in which culture is viewed in terms of its impact on the organization. However, Schein does not deny culture as a vehicle for meaning-making; rather, he simply focuses on how culture influences organizational decisions and practices. Culture influences one's attention to

and interpretation of the objects, events and interactions in one's life. By doing so, it influences one's actions in ways that may not be readily apparent. Therefore, Schein's model, while not entirely grounded in constructionism, is not incongruent with a constructionist perspective. In sum, constructionism is the paradigm that provides the basis for the qualitative methodology used in this study, and Schein's model is the theoretical construct that guides perceptions of organizational culture. Researchers who view the world through the paradigm of constructionism are more likely to use a naturalistic approach to studying the social world, because constructionism sees knowledge as relative, developed through one's interactions with the world and based on one's own perceptions of how the world works. The aim of constructionism is "understanding and reconstructing knowledge with the goal of moving toward consensus and more informed ways of knowing" (Anderson, 1998, p. 120). Case studies use multiple sources of information to build a picture of a phenomenon within its real-life context (Anderson, 1998). Therefore, a case study approach to research is congruent with the aims of constructionism.

Background of the Researcher

Most researchers try to strike a balance between an "etic" (outsider) and "emic" (insider) perspective. By achieving this balance, researchers can remain free from strong preconceptions, while still being able to translate the culture with sufficient empathy (Martin, 2002). In this study, I am the researcher. My years of experience in nursing education provided an insider's perspective, while selecting programs with which I was unfamiliar provided an outsider's perspective, thereby achieving a balance. A review of

my background in nursing education assists in understanding how my own philosophy, beliefs, and prejudices about nursing education influence my research perspective.

I had 20 years of experience as a nurse educator in instructional and administrative roles before accepting my current position. Since 1999, I have served on the staff of the Oklahoma Board of Nursing. The Oklahoma Board of Nursing is a state regulatory agency for licensed nurses in Oklahoma, with an overall purpose of safeguarding the public health and welfare by requiring any person who practices nursing in this state to be licensed and qualified to practice. The Board also has the authority to grant approval for nursing education programs in Oklahoma and ensure that standards for nursing education are met. One of my primary responsibilities at the Board is to survey nursing education programs and prepare a report on my findings for the Board. Based on the findings in this report, the Board makes a decision regarding the approval status of the program. In the role of program surveyor, I regularly visit Oklahoma nursing education programs to gather data on program practices and procedures, using review of program and school documents and interviews with school administrative officials, the nurse administrator, the faculty members, and the students. Another of my experiences that is relevant for this study is serving as the chair of an Oklahoma NCLEX pass rate task force, which was charged with evaluation of factors that have led to a decreased NCLEX pass rate in Oklahoma. This task force provided me with the opportunity to examine factors influencing NCLEX pass rate in Oklahoma, using the input of representatives of nursing education and practice throughout the state. In addition, I have had experience as an accreditation visitor for the National League for Nursing Accrediting Commission (which serves as the accrediting body for nursing education programs); and in that

capacity, I visited programs around the country. These experiences provide me with an insider's perspective on nursing education. By selecting programs located outside of Oklahoma to which I had no previous connection or knowledge, I was able to also obtain an outsider's perspective; minimizing the possibility of bias.

Site Selection

Both associate degree and baccalaureate programs prepare graduates for the NCLEX licensure examination; therefore, both types of programs could have been used for purposes of this study. However, to facilitate comparisons between similar programs, only associate degree programs were selected for the study, minimizing differences in program mission, structure, and practices. Another reason for selecting associate degree programs is that research on associate degree education is limited, despite the fact that the majority of nursing graduates are educated in associate degree programs. This study contributes to the body of research on associate degree nursing education.

For purposes of this study, associate degree registered nursing education programs in Texas, Kansas, and Missouri comprised the population from which the sample was drawn. The process of site selection began with identifying names, locations, and ten-year NCLEX pass rates (1992-2001) for associate degree programs in Texas, Kansas, and Missouri. This information is considered a matter of public record in those states and is readily obtained by contacting the respective state boards in writing. From the list, associate degree programs that met the criteria were identified. The specific criteria used are as follows:

1. The pass rate of the program has not been one percentage point or more below the national average during any given year in the last ten years.

2. The overall pass rate for the program for the ten-year time period is above the national pass rate average.

3. The program has 20-100 graduates each year.

4. The program leads to an associate degree in a state-supported institution of higher education in Texas, Kansas, and Missouri, within a one-day drive from Oklahoma City.

These criteria ensured that the programs selected have a history of graduate success on the licensure examination. The criteria also helped to minimize significant differences in program mission, structure or complexity. Although the programs selected are similar in mission and structure, they also provide contrasts in state contexts, community settings, and levels of funding, as described in Chapter 4. Texas, Kansas, and Missouri were selected because they are within a one-day drive, thereby enabling judicious use of my financial resources. Oklahoma nursing education programs were not selected for this study, because of concerns with conflict of interest. Further information on potential participants for the study was gathered through a review of the college's website before making the initial contact.

Using the information provided by the state board of nursing and additional information obtained from the websites of prospective participating programs, three programs were selected that met the identified criteria. To protect the anonymity of the participants in the study, participating programs are called Smalltown Community College, Suburban Community College, and City Community College. Smalltown

Community College is a state-supported institution located in a rural community of 10,000 residents. The nursing program at Smalltown Community College has approximately 50 graduates per year. The overall NCLEX pass rate average for the past ten years is 93.62%, and the pass rate for any given year in that time period has not been one percentage point or more below the national pass rate. Suburban Community College is a state-supported institution located in a suburban community with 150,000 residents. The nursing program at Suburban Community College has approximately 60 graduates per year. The overall NCLEX pass rate average for the past ten years is 93.78%, and the pass rate for any given year in that time period has not been one percentage point or more below the national pass rate. City Community College is a state-supported institution located in a city with 650,000 residents. The nursing program at City Community College has approximately 100 graduates per year. The overall NCLEX pass rate average for the past ten years is 97.29%, and the pass rate for any given year in that time period has not been one percentage point or more below the national pass rate. In comparison, the national pass rate average for the past ten years is 87.95%.

Contact with each program was initiated through a letter of information sent to each nurse administrator, who has direct administrative responsibility for the nursing education program. I made a follow-up telephone call approximately ten days after the nurse administrator received the letter to answer questions and provide additional information about the nature of the study. If the nurse administrator verbally consented to allow the program to be included in the study, I mailed a follow-up letter to obtain written consent. Before the visit, I mailed a letter to a college administrative official having supervisory responsibility for the program, in order to inform the college of my

presence on campus. On one campus, I was required to obtain a separate Institutional Research Board approval from the college's board, which was done before the visit.

All anticipated participants in the study, including the college administrative official, the nurse administrator, faculty members, and students, were contacted by letter to inform them of the study and request their individual participation (See Appendix A for copies of letters). I sent individual letters to the college administrative official and the nurse administrator, and I sent the letters for the faculty and students to the nurse administrator with a request that they be distributed. At the time of the visits, each participant signed a consent form before being interviewed (See Appendix B for consent form). I also obtained permission from the participants to audio-record the interviews, after assuring them that the audiotapes and research notes would be kept confidential. After the interviews, I sent a letter of thanks to the nurse administrator, with a request that it be shared with the faculty and students.

Collection of Data

The data for the study were collected in the spring and early fall of 2003, using interviews, observations, and document analysis. The amount of time needed for a thorough cultural audit is problematic for most researchers. An appraisal of the character of an institution is a complex, time-consuming process, requiring an analysis of artifacts, the perspective of insiders, and a willingness to share and obtain feedback on the emerging description of the culture (Kuh, 1993). Although qualitative research often requires long periods in the field, there are few researchers who have the time and funding for this depth of research. However, Martin (2002) says "There are many ways

to gain a multifaceted, moderately unsuperficial understanding of a culture, even using short-term qualitative methods..." (p. 49). The narrow focus of this study helped to limit the data collected, ensuring that adequate time was available to conduct the study.

Schein (1992) suggests adopting a clinical perspective to obtain data about an organization's culture in a relatively short period, through the following steps:

1. Entering and focusing on surprises – experiencing the culture through observation, making note of things different from what the researcher expected.

2. Systematically observing and checking – verifying that the surprising experiences are repeated, and are likely to be a reflection of the culture.

3. Locating a motivated insider – finding someone within the organization who is capable of understanding what is going on and is motivated to cooperate.

4. Revealing the surprises, puzzlements, and hunches – establishing a relationship with the insider and revealing the researcher's observations.

5. Jointly exploring to find explanation – discussing the researcher's observations in depth, while looking for explanations that help to decipher the assumptions of the culture.

6. Formalizing hypotheses – identifying data that might test the assumptions to determine whether they are valid.

7. Systematically checking and consolidating – interviewing other informants, conducting additional observations, and analyzing artifacts to verify the hypotheses.

8. Searching for shared assumptions – attempting to state the assumptions that underlie the confirmed hypotheses.

9. Perpetually recalibrating – refining and modifying the model and testing it out on those involved.

These steps were implemented in this study as follows. I made an initial visit to each program in the spring, focusing on surprises (Step 1). The initial visit provided an opportunity to systematically observe and check the data, conduct an initial set of interviews, locate a motivated insider to serve as a key informant, and spend some time discussing the surprises and initial impressions (Steps 2-4). The summer before the second visits provided the necessary time to analyze the data from the first set of visits and formalize initial findings regarding values and assumptions (Steps 5-6). Although I had initially hoped to have more contact with the motivated insider during the time between visits, I was unsuccessful in engaging them in meaningful dialogue, due to the artificiality of email communication, difficulty in reaching them by telephone, and the busy schedules of all involved. My inability to engage the motivated insiders in discussion between the visits lends credence to Schein's warning that participants may lack motivation unless they perceive there is a direct benefit to them. Although the motivated insiders in this study expressed interest in the study and indicated that they believed that the findings would be beneficial to nurse educators, they did not expect any direct benefit from the study. It is also possible that my inexperience in conducting qualitative research and my own time constraints contributed to the problem. However, I provided a copy of my description of their program to each motivated insider by email before the second visit and invited them to provide feedback. At two of the sites, the site

description was also sent to selected members of the organization, due to their expressed interest in the study. The second set of visits was conducted early in the fall, and provided an opportunity to collect additional data, systematically check and consolidate data, share assumptions, and refine the hypotheses (Steps 7-9). Through these actions, Schein's steps were used to guide the study. Additional information about the activities carried out in the visits is provided in the following paragraphs.

Before the first visit was made, I reviewed publicly available information about the program, in order to get a sense of the program and identify key words, phrases, and ideas used in program materials. This review helped me to understand the context of the program. Other documents, such as the college catalog and website information, provided a sense of the program's environment and publicly espoused values. I further prepared for the visits by developing a set of interview questions used to guide all interviews (see Appendix C).

During the initial visit, I observed classroom presentations, clinical rotations, and faculty meetings. Observations were chosen to provide information on program practices, use of espoused values, and everyday interactions between administrators, faculty, and students. Classroom sessions provided a good opportunity to observe teaching methods and student-faculty interactions. At least two classroom sessions presented by different faculty members were observed at each site. Clinical rotations provided an excellent chance to observe informal faculty-student and student-student interactions, examine the activities carried out by the students in the course of a typical clinical day, and analyze the role of the faculty member in facilitating clinical learning. A clinical rotation was observed for at least two hours at each of the sites (at one site, the

clinical observation was made during the second visit). In some cases, I was able to talk with program graduates and their employers during the clinical visits, as they often approached me voluntarily to offer their praise for and testimonials regarding the program. Faculty meetings provided a setting to observe nurse administrator-faculty and faculty-faculty interactions, leadership styles, and group process. At one site, I was not able to work out a date that would allow for my presence at a faculty meeting.

At each site, I conducted interviews lasting approximately one hour each with the nurse administrator, at least two groups of faculty members, individual faculty members, and at least two groups of students. Faculty and student groups were primarily composed of those who volunteered to attend the interview sessions. Although this self-selection process presented the possibility of bias (in that those who were predisposed to a positive view about the program might be more likely to attend), this bias was offset by informal interviews with other students and faculty in the hall, before classes, and in the clinical setting. These informal interviews provided comments that were consistent with the data obtained in the scheduled interviews. At two sites, I was able to interview college administrators who worked closely with the nurse administrator in the nursing education program. At one site, this college administrator was a vice-president for the college and at the other site; the administrator was an assistant dean for the division of which the program was a part. The total number of individuals interviewed at each site varied according to the program size, from seven to 20 or more. In some cases, focus groups were used to maximize the opportunity to obtain input from faculty and students. The use of the group interviews have certain advantages: 1) they are a quick way of obtaining participant views; 2) the group members provide support for participants that may

facilitate expression of thoughts and feelings; and 3) ideas may be expanded by other participants in the group (Morse & Field, 1996). At one site, I interviewed a much larger group of students than I had anticipated, because of confusion with the site. Since the arrangements had already been made, I interviewed a group of about 50 students. Although an interview with such a large group is not ideal, the students were responsive and excited to be interviewed, and the discussion was lively and positive. I later had the opportunity to interview a small group of students at this same site.

At each site, I gave attention to interviewing both experienced and new faculty and students to obtain different perspectives and get insight into what new faculty and students saw as "surprises". Interviews were open-ended and were designed to gain varying perspectives that would contribute to understanding values and assumptions implicit in the educational process. The interview questions were based on the primary and secondary research questions, and they were selected to "produce a natural story, that access the informant's thoughts and memories in a way that they are naturally organized, that is, chronologically" (Schein, 1992, p. 177). Schein also recommends asking about critical incidents in the history of the group to discover the problems that were encountered and how they were handled; and I used this recommendation in developing interview questions. To help ensure that the interview questions were effective in addressing the research questions, I requested input from three associate degree program nurse administrators, as well as conducting a pilot interview with a volunteer nursing faculty member.

During the second visits, I used the interviews and observations to expand my understanding of the programs to a deeper level. Questions in the second set of

interviews were less structured and were directed towards validating perceptions of the culture, clarifying misperceptions, and discussing inconsistencies. During the interviews, I presented a two-page summary of the values, assumptions, and subconcepts to provide participants an opportunity for feedback and comments. I made additional observations of classes and clinicals to provide further validation of the findings.

Table 2 shows a breakdown of observations, documents reviewed, and interviews conducted at each site.

Table 2: Observations, Documents Reviewed, and Interviews Conducted

Activities	Smalltown	Suburban	City
Observations	2 class sessions (1 hour each) 1 laboratory session (15 minutes) 1 clinical session (2 hours) 1 faculty meeting (1 hour)	3 class sessions (1-2 hours) 1 clinical session (2 hours) 1 faculty meeting (2 hours)	2 class sessions (1 hour each) 1 laboratory session (15 minutes) 1 clinical session (2 hours)
Documents Reviewed	Handbook Samples of course syllabi College catalog College website Program website Admission Information Sample examination	Handbook Samples of course syllabi College catalog College website Program website Admission information	Handbook Samples of course syllabi College catalog College website Program website Clinical information notebook

Interviews	Program director (two interviews)	Program director	Program director (two interviews)
	Full-time faculty members (two interviews)	1 group of 8 faculty members	5 individual faculty members
	2 groups of 4 students each	1 group of 6 faculty members	1 group of 6 faculty members
	College administrator	1 group of 45-50 students	1 group of 4 students
		1 group of 6 students	College administrator
			2 alumni
		2 individual faculty members	1 employer

Analysis of Data

The analysis and interpretation of the data was inductive, driven by coding and clustering of content categories. After each document was reviewed, the document was summarized on a one-page form; and this summary was attached to the document. After each observation and interview, a detailed contact summary form was written, describing the date, time, participants involved, and events that occurred. Initial thoughts and comments were included in a separate section on each contact and document summary form. Most interviews were audio-recorded, and all of the interviews conducted at the first visit were transcribed. A transcriptionist was used for some of the work, and I later read the transcripts completed by the transcriptionist while listening to the tapes, in order to ensure the transcripts were accurate. The interviews conducted during the second set of visits were audio-recorded, but were not transcribed; however, I listened to the second set of audiotapes to verify the presence of values and assumptions identified during the previous visits and garner relevant examples and quotes.

According to Hammersley and Atkinson (1995), the initial task in analyzing qualitative data is to find concepts that help to make sense of the data. "The aim, though, is not just to make the data intelligible but to do so in an analytical way that provides a novel perspective on the phenomena we are concerned with or which promises to tell us much about other phenomena of similar types" (p. 209). They recommend beginning by carefully reading the data, often more than once, in order to become familiar with it. Accordingly, I reviewed the document summary reports, contact summaries, and transcripts after each visit to get a sense of the "whole" and the themes that emerged from the interviews. Words and phrases in the interviews were assigned codes, which Miles and Huberman describe as "tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study" (1994, p. 56). At first, the codes used were simply descriptive, with examples of the codes given under the broader label. Later, coding became more organized as patterns began to emerge. Content categories were clustered to identify prominent patterns and exceptions to patterns; and to establish evidence that supported, contradicted, or qualified emerging patterns. Pattern codes were used to organize the data. According to Miles and Huberman (1994), pattern coding groups data summaries into a smaller number of constructs. I mapped the pattern codes to provide a visual construct of the data. The pattern codes identified provided the basis for the values that eventually emerged, which are described in Chapter 5. After the pattern codes were identified and mapped, I re-read the data to compare data obtained from the different sites and from groups at different levels of the hierarchy of the organization. I found the data obtained from students, faculty, and administrators to be very consistent both within the program and among programs.

During the second visit, I presented the values that had emerged from the data to students, faculty, and administrators. They were invited to provide feedback and specifically asked to discuss conflicting opinions. According to Hammersley and Atkinson (1995), research that uses ethnographic methods often becomes progressively focused during the course of the study, moving from "a concern with describing social events and processes towards developing and testing explanations and theories" (p. 207). This statement accurately describes what happened during the course of my research. Although I continued to collect new data during the second visits by conducting additional observations, interviewing administrators, faculty members, and students, and reviewing additional documents; I primarily focused in on testing the explanations of student/graduate success that I had developed based on my analysis of the first set of visits. While remaining open to data that either conflicted with my explanations or provided different perspectives on them, I also looked for confirmation that the explanations accurately reflected the constructed realities of the participants in the organization. By presenting the findings to participants and inviting their feedback, I was able to flesh out my explanations and add new perspectives.

Based on the analysis, I developed the three campus profiles, using a similar format for each profile, in order to provide a comparable description for each program. A brief description of the community in which the program is located provides the beginning for the campus profile. Data from the United States Census Bureau (2000) and observations of the community provides the basis for the community description. From there, general information about each campus is described, based on interviews with college administrators, a tour of the campus, and a review of written materials about the

college. Next, a detailed description of each program is provided, based on interviews with the nurse administrator and a review of written materials.

Following the general description of each program, the focus moves to identifying elements of the culture that contribute to student success. I attempted at first to organize this section by using the pattern codes as sub-headings, then using the data to support those codes. However, I soon found that the pattern codes in each program were much the same, which resulted in the repetition. I came to the conclusion that it would be better to provide a general description of elements of the program that seemed to be related to student/graduate success; and then to identify common values and assumptions among the three programs in a separate chapter.

The values and assumptions identified in Chapter 5 were developed by examining codes common to all campuses. Rather than identify each value by a code word, I developed a value statement that collapsed related codes into an organizing framework. By re-reading the field notes, transcripts, and coding trees, I was able to identify underlying assumptions that contribute to the values used by organizational participants. I later decided to identify an opposing value statement, which helped to clarify how possessing a different set of values might contribute to organizational actions. In addition, I identified sub-concepts under each of the value statements that contributed to the value. It was not until later, during the second set of visits, that I began to see the five values in terms of a system of values that work in concert to contribute to student/graduate success. I began to believe that possessing one or two of these values would not result in success of the students/graduates as effectively as would possession of the five values together. For example, having high standards and failing to provide

support for students might result in a high NCLEX pass rate, but it would likely contribute to a high attrition rate, not found in the programs in this study. This view of the need for a system of values was supported in interviews with a college administrator and with faculty members.

Rigor of the Study

An important part of the research process is assuring quality through establishing trustworthiness of the data. In this study, the tenets of rigor associated with quality research were utilized, including those that assure confirmability, dependability, credibility, and transferability (Miles & Huberman, 1994). Creswell (1998) recommends eight verification procedures that can be used in qualitative research. They include prolonged engagement and persistent observation, triangulation, peer review or debriefing, negative case analysis, clarifying research bias, member checks, rich description of the data, and external audits. A description of the use of these verification procedures in this study follows.

As the study was conducted, information obtained through interviews was triangulated with data from observations and documents in order to consider if the patterns noted were representative of the data. Multiple sources of data were used, including multiple interviews and observations at each site. Data in which there were consistent themes were considered significant. I also examined the data for the presence of negative cases or outliers, i.e., contrasting cases that do not fit the patterns noted (Miles & Huberman, 1994). Interviews conducted at the time of the second visit provided an opportunity for member checks. I maintained transcripts, audiotapes, field

notes, and other documents as an audit trail, which will be kept for three years after the study has ended to allow for external audit if required.

A rich description of the data is provided, with sufficient detail about the environment, sample and methodology to allow readers to determine the degree to which the data may be applicable in other settings (Miles & Huberman, 1994). Trustworthiness is also addressed by describing other factors that may also have an impact on the success of students in the program (for example, characteristics of the student population, attrition rate, and funding). Through a consideration of other possible explanations for the success rate, readers may evaluate the importance of these factors as compared with organizational culture.

After the data collection ended, I further addressed trustworthiness through additional member checks. I provided a summary of the findings and my preliminary analysis to the motivated insiders and in some cases to other participants, with an invitation for them to provide feedback. In addition, I used peer review by asking an experienced associate degree program nurse administrator to review the study and provide feedback. This feedback was valuable in helping to identify gaps in the data, validating the credibility of the findings, and strengthening the conclusions. Finally, I used the input of Dr. Kelly Ward, the committee chair, to challenge, refine and redirect the process of the study.

Limitations of the Study

A limitation of the study is there is no comparison data for nursing education programs whose graduates have a low rate of success on the licensure examination. This

prevents readers from comparing findings in programs with different levels of success, and it may limit the transferability of the findings. A future study could focus on nursing education programs whose graduates have a low rate of success on the licensure examination, with the purpose of contrasting the values and assumptions found in those programs with the programs with a high success rate.

This study was conducted in the southwestern and midwestern regions of the United States. Although there is no reason to believe that nursing education programs in these regions of the country differ significantly from those in other regions of the country, the reader is cautioned to consider the conclusions obtained in light of this fact. A detailed description of the program is provided to enable the reader to evaluate the transferability of the data to other nursing education programs (Miles & Huberman, 1994).

Only associate degree nursing programs were used in this study. This narrow focus may promote transferability of the findings to other associate degree programs, but it may limit transferability to other levels of nursing education; as well as limiting transferability to other kinds of academic programs and departments. Readers must exercise their own judgment in determining how the findings of this study may relate to other types of academic settings.

Summary

In this research study, characteristics of the organizational culture of a nursing education program are considered in terms of their contribution to organizational effectiveness, which is defined for purposes of this study as graduate success on the

licensure examination. A case study approach was used to examine three nursing education programs with a history of high pass rates on the licensure examination. Through interviews, observations, and document analysis, organizational values were identified. Further analysis helped to bring out certain assumptions underlying organizational culture. The findings from this study will add to the knowledge base of organizational culture and effectiveness in academic programs and may assist educational leaders to identify ways to foster cultures associated with success.

In Chapter 4, a within-campus analysis is provided for each program. The historical background of the program, an overview of the program's structure and procedures, and a description of the organization's environment and culture are described. Examples of relevant events and practices that lend support to the conclusions are included. In Chapter 5, a cross-campus analysis is provided, by describing values and assumptions commonly found in all programs. Possible opposing values are identified and sub-concepts for each value are discussed.

CHAPTER 4

FINDINGS

The three programs comprising the cases for this study are similar in mission,

size, and structure; but they also provide interesting contrasts in setting, funding, and

approach to education, pointing out that quality can be achieved in different ways. In this

chapter, each of the sites is described; with a focus on characteristics that impact student

success and preparation for the NCLEX examination.

Nursing Education in a Small, Rural Community College

Smalltown Community College is set in a town with a population of

approximately 10,000. According to the U.S. Census Bureau (2000), the median

household income for the town's residents is $31,000 (the lowest of the three

communities visited). Thirteen percent of the population has an income below the

poverty level although only 3% of the labor force is unemployed, which provides

evidence of the working class roots of this community. The median age of residents is 35

years. Ninety-one percent of the population is Caucasian and the largest minority group

is Hispanic/Latino. Of the communities visited, the residents in this town had the lowest

level of educational attainment - only 25% of the residents over the age of 25 hold an

associate degree or higher (U.S. Census Bureau, 2000). The town, which is surrounded

by farmland and wooded areas, has a small attractive downtown area with a traditional

town square. Most of the housing consists of older, modest but well-maintained, single-

family dwellings. The town has gradually grown outward, and many fast-food

restaurants and a few newer motels line a thoroughfare leading away from the downtown

area. The town is located a half-hour drive from a larger city, which houses the health care facilities that provide the settings for most of the nursing students' clinical rotations.

Smalltown Community College is located on the outskirts of town, away from the major highways and within blocks of several manufacturing firms and small businesses. The college was founded in the 1960's and it has a current enrollment of approximately 2,600 students. It is built on the site of a former military encampment, with some buildings from that era still in use. The campus is comprised of brick buildings scattered over a four-block area. Most classrooms and offices are centrally located in two buildings. Although there are green spaces and sidewalks, minimal attention has been given to landscaping and the aesthetic appeal of the campus. There are dormitories available, but according to a college administrator, about 95% of the students commute from surrounding communities. The administrator also indicated that the typical student profile has changed over the past five years, resulting in a younger average age, enrollment in more credit hours, and more students who come with the objective of transferring to a four-year university. Nursing is the most popular major on campus.

The nursing program at Smalltown was founded at the same time as the college, and it began its existence as a practical nursing program. About 15 years ago, the program was converted to a registered nursing program, due to the community's need for registered nurses. Until recently, the program admitted 30 students per year to first semester nursing courses and ten licensed practical nurses per year into third semester nursing courses. This past year, the date of admission was moved to the spring semester, at the request of area health care facilities wanting to have a pool of graduates available to them in December as well as in May (the time when most nursing students graduate).

At the same time, the program made a decision to increase the number of admissions to 50 per year in order to help alleviate the shortage of registered nurses in the area. During the time of the site visits, there was a smaller total enrollment than usual, because of the delayed admission date; but an increase in total enrollment is anticipated during the next academic year. Once the transition is made, there will be a total maximum enrollment of 85 students. The attrition rate of students from the program averages about 20%. Reasons for attrition are often non-academic, including finances, relocation, or personal crises.

Students are admitted to the nursing program based on a point system, with consideration given for academic qualifications and health care certifications. According to the nurse administrator, there is usually a large applicant pool and the students who are admitted have high academic qualifications. Once admitted, students progress through a four-semester program of study consisting of nursing theory courses, clinical rotations, and other general education and support courses. During their study, they are evaluated on their performance in the classroom and in the clinical area, using a grading standard set higher than the college norm. An 82% is the standard established for the minimum passing grade. Clinical rotations begin in the first semester and continue throughout the program, with clinical sections meeting twelve hours per week. Students are graded on their clinical performance based on achievement of clinical objectives, into which are incorporated written assignments detailing information regarding their patient's diagnosis, history, diagnostic tests, medical treatments, and nursing care. In the classroom, the majority of the grade is derived from performance on examinations, with a small percentage of the grade allotted to participation in cooperative learning activities.

The program has always had a very small contingent of full-time faculty, and faculty members described feeling "stretched thin". A nurse administrator and two full-time faculty members are employed, along with six part-time faculty members (who teach only in the clinical area). All full-time faculty members hold master's degrees in nursing. The two full-time faculty members teach in the classroom and in the clinical area, and the nurse administrator carries an equivalent load of classroom teaching, with no clinical teaching load. According to the nurse administrator, they have been approved to hire another full-time faculty member once they are back up to full enrollment. Even with the additional faculty member, the ratio of students to full-time faculty will be 28:1 (not including the nurse administrator). The nurse administrator has been with the program for almost 20 years, first in the role of faculty and then as the nurse administrator. One faculty member has been with the program for almost five years and the other faculty member has just been hired. In interviews, faculty and staff spoke frequently of the stress and hard work of their jobs. According to one faculty member interviewed, "My workload here is much more intense than it was [at my previous job] and that is why I've been feeling so much pain." They identify a need for additional full-time faculty members, saying, "I definitely think we're going to have to have more faculty. It's going to be harder and harder to do the things we're used to doing, to give [the students] as much one on one." The nurse administrator also has a heavy workload, and she said, "The stress of running this program takes about four years, and then you're done in. You're sick, you know, physically sick....It's just too much stress."

Another concern voiced by nearly all who were interviewed related to the limited budgetary resources at the college. "Program money is going to be the biggest

challenge." said one. Another person interviewed said, "The budget is probably the one

place that we have troubles and it's not that [the administration] doesn't want to give us

money, it's just not there." A tour of the facilities revealed the limitations of the physical

facility, equipment and supplies. The program is housed on the third floor of an older

building that has been minimally updated over the years. The program has the use of two

classrooms, a combination classroom/laboratory, a computer laboratory, and a small

kitchen. The classrooms are cement-block with window unit air-conditioners, and they

are simply furnished, although comfortable table and chair seating is provided. The skills

laboratory shares space with one of the classrooms, with three older hospital beds and

storage cabinets crowded into the narrow classroom. Some skills laboratory sessions are

not held in the laboratory because of the limited space. During the skills laboratory

session observed during the visit, students practiced medication administration in another

classroom, standing in groups around tables that were arranged with a few basic supplies.

An exception to the limitations of the facilities and equipment is in the area of computers

and related technology, which are state of the art. A computer laboratory used

exclusively for nursing students houses new computers and printers, as well as a large

number of computer-assisted instructional programs. The program also has the exclusive

use of laptop computers, projector systems for use with PowerPoint presentations,

SmartBoard systems, and an LCD projector. Faculty and staff interviewed said that

money for technology seems to be readily available through grants and special funding

earmarked for technology.

When asked about reasons for the success of Smalltown graduates on the NCLEX, most participants identified that an important key is the high standards expected in the program. The theme of high standards recurs throughout the catalog, student handbook, course syllabi, and public material about the program. The college mission statement sets the stage by identifying a commitment to access and to quality, as well as to the student's ability to master the content. Admission requirements for the program also set standards that are beyond the requirements that must be met for college admission, including a specified minimum grade point average and ACT scores. The nursing student handbook and the course syllabi identify grading standards that are higher than the college's minimum requirement, as well as clinical performance standards that must be met for successful completion of the program. The faculty repeatedly expressed their beliefs that their standards are essential in promoting the success of graduates on the licensure examination. According to one, "What we expect from them is what they'll give. If you don't expect much, that's what you'll get." Another said, "It's just a matter of setting the bar high....Every semester, we take them to a higher level, and so they are really doing some fantastic work by the time they graduate." Faculty members evaluate students' grades on a monthly basis and if the student performs poorly, he/she is immediately counseled and with the student's input, an improvement plan is established. Students are aware of the high standards established by the faculty, saying "They don't hand it to us." They said the program's high standards are well known in the community, and the program is known as a "good place to go." The faculty members also set high standards for themselves. According to one faculty member, "We work long hours and

expect it from each other....Hard work has been a big strength." They also expect themselves to maintain continued competence in the areas in which they teach. Faculty and staff spoke of the need to work in the clinical area to stay current, as well as using other resources to keep in touch with what is new in nursing and nursing education. One said, "We have got to stay current. If health changes, we've got to change."

Linked to the concept of high standards is the strong emphasis placed on evaluation of student learning, which is primarily accomplished using objective examinations. In each of the theory courses, the majority of the student's grade is derived from multiple-choice examinations. A comprehensive examination is given at the end of each semester. Students are not allowed to pass the courses unless their examination average is passing, even if other components of their grade are sufficient to bring the grade up to a passing standard. Examinations are given weekly throughout the program, always on computer, similar to how the NCLEX examination is given. Even the first-semester students observed taking an examination seemed comfortable with computer use and with the testing environment. The students are able to access their grade and review the questions they missed immediately following completion of the examination, with rationales provided for the answers. Faculty and staff stated that they write their examinations in such a way as to prepare students for the NCLEX examination. One faculty member said, "We use high level multiple-choice questions. Everything is application, analysis, and maybe some synthesis level, if we can find them." Beginning in the first semester and continuing throughout the program, all questions are multiple-choice and the majority of questions are written at the cognitive level of application and analysis, as are the NCLEX questions. In addition to the frequent

examinations, students are also provided with other non-graded opportunities to complete practice test questions. Many of the classroom presentations end with a set of review/practice questions that are discussed in class. Students also purchase an NCLEX review book upon entry into the program, which they are expected to use throughout the program to prepare for examinations. One faculty said, "I read some study... that said if [the student] will answer 8,000 questions, they can pass boards. And we go for that. We try to get the 8,000 questions in. In everything we do, we try to incorporate testing, testing, testing."

Although the faculty members have high standards for student performance, they also feel a responsibility for providing the support needed to assist students to be successful. According to an administrator, "The faculty expect a lot, but at the same time, they're there to work with the students, to support the students." Student progress is tracked closely, and if students are having academic difficulty, they have a variety of mechanisms for assistance. The program has purchased study and test-taking skills computer instructional programs, which students are encouraged to use. Fellow students offer study groups, tutoring, and NCLEX reviews, as a part of the program's philosophy of facilitating cooperative learning, and most students take part in these activities. Faculty members said that students also seek out the support of the faculty regularly, visiting their offices often. According to one student, "We can always go to our instructors if we have questions." Another said, "I feel like [the faculty] don't spoon feed us, but yet they do support the students."

Throughout the program, there is a strong emphasis on applying knowledge acquired in theory courses to nursing practice. Students expressed the belief that they are

being prepared for practice through development of their psychomotor, communication, teaching, and leadership skills. One way the faculty members facilitate development of communication and leadership skills is through the student-led presentations in the classroom. In addition, the students obtain extensive clinical experience throughout the program in structured health care settings under the supervision of the faculty. Students begin providing total care for one patient, but they quickly progress to caring for a group of patients and supervising care provided by other students. In a clinical rotation observed during the visit, the faculty member spent the majority of her time with the students, providing unobtrusive guidance, assistance, and feedback. Because of the limited number of full-time faculty members, students obtain many experiences with part-time adjunct faculty, who also work in the clinical facilities used for the rotations. However, the faculty members ensure that students have opportunities each semester to be supervised during at least one rotation by a full-time faculty member who knows the history of the student's performance. A strength identified by faculty members is that the program has been able to maintain a stable contingent of part-time faculty members, who have a good understanding of the philosophy and objectives of the program.

Faculty members said that they use a team approach to facilitate their work, emphasizing that they make decisions together and present a united front to the students. One faculty member said, "You don't have to make decisions by yourself. You can always go to the other person and throw it around. If we make a wrong decision and face that together, it's a lot easier than having to stand by yourself." The full-time faculty meet weekly to discuss student concerns, program needs, and upcoming events. Unlike other sites visited, the faculty in this program relies less on formal evaluation plans, and

more on their collective judgment, as well as information informally obtained. This may be because of the limited staff available to assist with compilation and analysis of data. However, the faculty members also review formal evaluative data gathered from a variety of sources, such as NCLEX results, student evaluations, and graduate/employer follow-ups; and they gave specific examples of how the data is used in decision-making.

Students are considered to be very much a part of the team. One student said, "These students are actively involved in their own learning." Students are given a great deal of responsibility for fostering not only their own learning, but also the learning of others. The faculty members discussed their philosophy of teaching, which includes extensive use of cooperative learning methods throughout the program. Beginning in the first semester, students begin making presentations in the classroom. These presentations are on topics that are fundamental to achievement of course objectives and they replace presentations made by the faculty. These presentations are graded and the faculty said that students are also pressured by peers to prepare a quality presentation, since their fellow students rely on the information presented. During observations of classes, student presentations were noted to be well organized and thorough in covering essential content. In addition to presenting in the classroom, students receive a portion of their grade based on their participation in other instructional activities; such as tutoring beginning students, facilitating study groups, conducting peer check-offs of psychomotor skills, and facilitating NCLEX review sessions. The students and faculty members said these activities facilitate student learning by forcing students to constantly review information previously learned. One faculty member said, "I think the cooperative learning is a huge asset.....[It] only makes them a stronger student, because they prepare

more when they know they have to teach...It makes them go back and review all this stuff...It occurred to me that the way that we do things here, the cooperative learning, the technology, it is just appealing to these young kids and that's why they like it. That's why they are coming here."

Coupled with the team approach to education is a respect for the autonomy of each individual faculty member. Each faculty member makes their own decision about teaching methods and clinical activities, supported by the nurse administrator, who believes that the different kinds of learning experiences students obtain with each faculty member are valuable. The collective nursing faculty team is also given much autonomy by college administration in their decisions about the program. The faculty and staff indicated that communication with administration is open and faculty input is valued. Said one faculty member, "You can go to administration and say what you want to say. You don't have to worry about it coming back on you." They feel supported in their decision-making by college administration, who respect their autonomy and backs them up in the face of challenge. According to one faculty member, "There is free rein, where you are allowed to do your work. Nobody bothers you. You just do your job." An administrator, who said that his job is to "make sure the faculty have what they need to be successful and then, just stay out of their way", verified this.

The findings at Smalltown Community College point out that, although ample financial resources may facilitate the faculty's ability to provide quality education, it is possible to provide a positive educational experience and achieve good outcomes in conditions that are less than ideal. At Smalltown Community College, the faculty's knowledge and commitment, the academically qualified students, their team approach to

education, and strong clinical experiences may compensate for limited faculty numbers and tight fiscal resources. However, the quality of the program may come at the expense of the faculty members' well-being, as evidenced by their perceptions of heavy workload and stress. At the next site, high-quality nursing education is provided in a much different environment, but there are similarities in the core values of the program.

Nursing Education in an Affluent Suburb

Suburban Community College is located in a community with a population of 150,000, which is in close proximity to a large city. According to the U.S. Census Bureau (2000), the median household income in the community is $62,000 (the highest of the three communities visited) and only 3% of the population has an income below the poverty level. Less than 2% of the workforce is unemployed. The median age of residents in this community is about the same as Smalltown, at 36 years of age. Ninety-one percent of the population is Caucasian, with Asians and Hispanic/Latinos equally represented as the two largest minority groups. The residents in this community have the highest level of educational attainment of the three sites visited, with almost 60% holding at least an associate degree (U.S. Census Bureau, 2000). Over the past 30-40 years, the community has grown from a farming center to a prosperous suburb, with many companies developing in or relocating to the area. Most buildings in the community appear to be new and housing developments flourish with large single-family homes. Development of the city shows evidence of being a planned process - roads are laid out neatly in square mile patterns, with ready access to highways; and schools, businesses, and shopping centers are scattered strategically throughout the area.

Suburban Community College was founded 30 years ago. It has a current

enrollment of approximately 18,000 students, most of whom reside in the host county.

According to the college's website, the majority of students attend part-time, are female,

and have an average age of 26. Similar to the community's ethnic makeup, almost 90%

of the students are Caucasian. In fact, one of the weaknesses of the program identified by

the faculty is that "We don't have a lot of cultural diversity." The most common

educational objective identified by students is transfer to another college or university,

indicating that these students generally intend to finish bachelor's degrees. The largest

source of funding for the college comes from local taxes, followed by student tuition and

state support. Faculty members believe that funding is ample to meet their needs,

saying, "We've always had enough money, we've always had enough supplies. As long

as it is to facilitate [student] learning, there's no question about it." However, they

expressed concerns that state and local funding for the college will soon be decreased and

they are worried about the impact of reduced funding on the quality of their program.

"For the first time ever, this institution is going to be dealing with a lower financial

standard than we're used to. We've never had to deal with that. We'll get more

creative."

The campus is prominently placed and quite visible in the community. It

occupies a large site, surrounded by undeveloped land owned by the college to support

future expansion. The buildings are modern, brick structures, similar in architectural

style; and they are well maintained. The buildings are clustered around a central green

space that offers numerous outdoor sitting areas, landscaping, and shaded walkways. The

college has had adequate funding to continue to add to its facilities over the years, with

three new buildings completed in the last two years. The environment is pleasant, modern, and comfortable.

Of the three sites visited, this college has the strongest story regarding its founding father. Several participants related the tale of a prominent local farmer/businessman who donated the land and spearheaded the development of the college, believing that the community would need a local college to support the educational needs of its youth. This founder continued to serve on the college's board of regents until his death. He also hired the president, who is still with the college. Participants attributed the success of the college to the strong roots established by the founder and by the president. According to one participant, the college is in its "third generation", with a few people still left from the beginning, a large number who came about fifteen years ago, and another generation who have recently been hired. She said that the growth of the college has resulted in a loss of closeness between its staff, which is particularly missed by those from the first and second generation. "That big growth has been difficult for many of us, because we don't know each other as well as that first group of people....A lot of that face to face isn't there anymore like it was."

The nursing program was among the first programs started at the college. According to one participant, "They thought that the community needed an associate degree program....There was a great deal of support [from local health care facilities] for them to start the program." The program's history is characterized by stability and gradual, planned change – participants related that the program has maintained a stable mission, structure, and size since its beginning. According to one faculty member, "The faculty they started out with were just top-notch people who knew nursing and knew

nursing education, and knew how to put a curriculum together. [The program] started out strong and they've added strong people into it." Some faculty members have been with the program since the beginning, and the nurse administrator has been there for fifteen years. Even though the program is characterized by stability, participants said that it has also changed over time. According to one, "How have we not changed?". Others mentioned as examples the integration of technology, new clinical sites, articulation of LPNs, and differences in approaches to student learning.

The nursing program is housed in a two-story building with classrooms, laboratories, and offices. The facilities are spacious and include a reception area, secretarial office, and faculty offices. Close by is a large well-equipped skills laboratory with state-of-the-art equipment and supplies typical of a modern health care facility, staffed by a full-time skills laboratory coordinator. All students are expected to spend an allotted amount of time in the skills laboratory each semester, practicing skills with the assistance of the skills laboratory coordinator. Students interviewed said that this laboratory time is important for them to gain the confidence they need to practice in the clinical area. According to one faculty member interviewed, "We have a great skills lab coordinator, who can follow these students all four semesters. And students will tell you that's what keeps them in the program."

In addition to the nurse administrator, there are 16 full-time nursing faculty members. All nursing faculty members hold master's degrees in nursing and some hold doctorates. The program admits approximately 50 students each year into a four-semester course of study. Approximately 10-15 licensed practical nurses are admitted with advanced standing each year; which contributes to a total enrollment of up to 120

students. There is a student to full-time faculty ratio of 7.5:1. Attrition from the program is generally less than 10%, with attrition sometimes resulting from non-academic causes.

Program applicants must have completed specified general education pre-requisites, making this a five-semester program. Other admission requirements include minimum ACT scores and interviews with the faculty. A point system is used to select students for admission, and the faculty interviewed said that the admissions process is quite effective. According to one faculty member, "We have a select program....We start out with people who we know are going to be successful, and we work real hard to keep them in [the program]." The applicant pool is generally large, with 200-400 individuals applying to the program. However, the director said that they have chosen to limit the number of students, primarily because of limitations of clinical facilities and the desire to maintain a low student to faculty ratio. One faculty member said, "We think any weeding out should really occur prior to them getting into the program...Our goal is to have 100% graduate and 100% pass the NCLEX, and do all the weeding before they come in."

Once admitted to the program, students complete nursing coursework as a cohort group over a four-semester time frame. Clinical rotations begin the first semester and continue two days per week throughout the program. As with students at Smalltown Community College, Suburban students complete most clinical experiences in structured acute care settings under the supervision of a faculty member, with an assignment each week detailing information related to a patient for whom they cared. Also similar to Smalltown, students are evaluated by the faculty members based on grades earned on examinations and on performance in the clinical area. The faculty members interviewed

indicated that examination are given four to five times per semester and are multiple choice, with test items written as NCLEX-style questions. A comprehensive examination is given at the end of each semester. In classroom observations, faculty members incorporated practice examination questions into their presentations, discussing the answers with the students. Unlike the other two sites, examinations are paper and pencil, rather than being computerized. The faculty said that computerized examinations would be coming in the near future. The grading standard used is set higher than what is generally required for the college, with a 78% average constituting the minimum grade for a "C".

Promoting Student Success at Suburban Community College

There is a strong emphasis on quality on this campus. Quality is mentioned in the mission and goals for the college, in student recruitment material, and in documents related to the nursing program. The process of acculturation into this culture of quality begins with a letter from the nurse administrator included in each application, which reminds the applicants they are applying to a program with outstanding facilities, faculty and students. Faculty and students take obvious pride in the quality of the program, applauding its successes and expressing their beliefs that they are part of an elite group that is highly regarded in the community. One faculty member said, "We have the brightest of the bright students and an excellent faculty. When you put those two things together, you have a quality program." Faculty and students alike identified the students as being of high quality, which they attributed to high standards for admission and a strong general education preparation. One faculty member said, "We have some phenomenal general education faculty here." Faculty and administrators interviewed

discussed their efforts to keep their options and class size limited to maintain the quality of the program. Other reasons identified by participants for the program's quality included its strong curriculum, expert faculty, and philosophy of continuous improvement. Students described the curriculum as organized and in-depth; building on concepts previously taught and preparing them for practice as registered nurses. All participants mentioned the high quality of the faculty members, describing them as knowledgeable in education and their clinical fields, a "network of experts" who are committed and enjoy their work. A faculty member said, "You have to love what you do. Everyone here loves their work." According to another faculty member interviewed:

> We have excellent nursing faculty. I think that the reason we've all been here so long is that we enjoy our diversity, we enjoy our profession, and we feel that we are contributing. I think that we take ownership of what we're doing for the students. I think that's very much an institutional kind of thing, because we are supported in any way, shape, or form.

The stability of the faculty contributes to continuity in the program and to its strong sense of culture, as well as to the faculty's ability to continuously improve the program.

A theme of continuous program improvement came up frequently during the interviews. According to the students, there is constant evaluation and improvement of the program, which they described as the faculty "tweaking" the curriculum. They said that they faculty uses input from students and their own expert judgment to continuously improve the program. The students gave several examples of changes made in the past year, saying that the changes were made by the faculty to help things work better. Students see their input as important in this process of continuous evaluation, saying, "The faculty asks us what we think about things." One student gave an example of the use of continuous evaluation by one of the faculty members, who frequently uses a one-

minute reaction paper at the end of the class period to obtain immediate feedback from students on the presentation. She then follows up by discussing areas of concern or confusion with the students via an email listserve. Faculty and administrators emphasized that as a part of the planning process, adequate time is taken to evaluate the effects of changes made. "We're always real careful, we think about it a lot before we change it around." In addition, they indicated that the faculty members are always learning, sharing what they have learned with other faculty and students, and using the information to improve the program. "We make a conscious effort to share what we're learning, bringing it back. This is important, is what we say. So there's a huge sharing of information from the faculty." This was noted in a classroom observation, in which the faculty member had recently attended a workshop related to the material being presented, and used information from the workshop to revise her presentation, adding recent findings related to the concept being covered.

The importance of maintaining high standards is a theme at Suburban, as it is at Smalltown Community College. According to one faculty member, "We have really high standards…I can't think of any of the faculty who aren't concerned about lowering standards. We see it out in the health care field and we don't like what we see. So we try to not just maintain, but also improve." Standards for student behavior are clearly delineated in written materials, including course syllabi and the student handbook. Policies on grading and course requirements are detailed, clear, and concise. Phrases such as "Students are expected to…", "It is required that…", "It is the responsibility of students to…", or "Students must…", are used repeatedly, although there is less emphasis on what students may expect from the faculty. Unit outlines are provided to students at

the first of each semester, including detailed information about unit objectives, content to be covered, and learning resources. Likewise, the students receive detailed information about the clinical evaluation process at the beginning of each semester. Objectives for the clinical experiences are outlined and specific examples of behaviors that denote acceptable completion of the objectives are given. One student interviewed said, "Their standards are high but they aren't rigid. You know exactly what is expected." Responsibility of the student for meeting the objectives is clearly identified. According to one, "Each level, the expectations are going to increase....Sometimes students go to a certain level and then it's just too tough for them." Another said, "We try to conference with our students all along the way, giving them recommendations from the beginning, so there are no surprises when we get to the end and say, oh sorry, you're out of the program." The students verified this, saying, "If you're in danger, you know about it." One story that demonstrates the value placed on high standards was told by separate groups of faculty and by the nurse administrator. This story tells of an incident in which the faculty together made a decision to allow a student to pass a course, even though the student's grade was slightly below the passing standard, and the student later failed the NCLEX. Faculty members used this incident to reinforce the value the faculty members place on maintaining their standards consistently. In discussing this incident, a faculty member said, "What we're dealing with now is that some of the kids in the class aren't passing. We all feel bad, but none of us want a repeat of what happened. It's not fair to the students, it's not fair to the people hiring them....When we review those things, it validates what our standards are."

The faculty also place value on working as a team, saying that they make decisions together. "We sort of work in teams. I think we're very team-focused." Another said, "We use a lot of collaboration. I like collaborating with the other faculty. You get the best of the best. These guys are the experts." Teamwork was observed in a faculty meeting, in which a large portion of time was devoted to a presentation by the Curriculum Committee, followed by open faculty discussion of options for curriculum revision. During this portion of the meeting, the Curriculum Committee chair took charge, and the nurse administrator made very few comments, although she showed through non-verbal behaviors that she was actively engaged in the discussion. The committee presented various options that they had developed for curriculum revision, and the faculty discussed these options openly and at length, with all faculty members participating at some point. The faculty's teamwork leads to consistency throughout the program, which was mentioned by students as a strength. The students interviewed expressed appreciation for the consistency provided in the program, but they also recognized there are individual differences in how each faculty member will approach a situation. These differences did not seem to concern them, speaking of the students' sense of security. The faculty also said that they work closely with other faculty and staff on campus, saying, "We are on campus-wide committees too, so we can bring in the other faculty's input on changes too. They collaborate with us and that's kind of neat."

As shown in the example in the previous paragraph, the faculty members at Suburban feel empowered to make decisions about the program. The students recognize this, saying, "It really seems like our instructors drive [the program]. They have a lot of team meetings. They're working together." Faculty interviewed said, "[The nurse

administrator] lets us have a lot of autonomy and sometimes we make our own mistakes. But that gives us the best of the best." They expressed their confidence that those decisions will be supported by administration, saying "We are supported in every way, shape, or form." This belief is echoed by the nurse administrator and even by the students, who said, "The program is run by nurses, and the school gives them the leeway to make their own decisions." One faculty member said that, when students file grievances against the program, they are handled through the appropriate administrative process and the faculty's decisions are backed. The faculty also said they "have a lot of support here at the college. They type for us, do things for us, just anything we need." They mentioned the staff development program as an asset, saying, "One of the reasons faculty do so well here is because we have a strong staff development program."

Participants often mentioned the strong commitment made to helping students be successful in college and in the program. According to one student, "They want us to succeed." Another said, "They make it an open environment, so you can call them or email them, and they'll get back to you. There are so many avenues to support a relationship that is conducive to learning." One faculty member said that once a student is admitted, they have a commitment to ensure that student's success in the program. Faculty members frequently tutor students, offer presentations on study and test-taking skills, and put presentations onto the course websites. They also use a student listserv for each class to answer questions, send reminders, and address concerns. They provide support for students who are experiencing personal problems, as well as referring them to other sources of assistance when needed. One faculty member said, "We have students who are in personal situations that are difficult....and that affects how they can do in the

program. So then we work on that with them. We have test-taking strategies, anxiety-reducing classes, things like that to help make them successful." A student said, "Two things they teach us in this class: study skills...and critical thinking skills." The students indicated that they feel comfortable going to the faculty, because there is open communication between them. One student said, "I find that all of the instructors will always find something good that you did, and they'll point it out....They don't criticize you or make you feel like an idiot." Students are represented at faculty meetings, and during the meeting observed, the student representatives discussed class concerns openly without appearing to be wary of reprisal. The faculty members responded with a lack of defensiveness, talking with the representatives about what they could do to assist in resolving the concerns and developing action plans. One faculty member said, "When a student has trouble....we'll talk about what we can do to help them, like tutoring or a different clinical site. It's always very professional; it's always what can we do to help."

As with Smalltown, application to clinical practice is a constant theme throughout the program. Faculty members said that the faculty focuses on ensuring that students are adequately prepared for clinical practice as a registered nurse, with patient safety being their first priority. "We are really trying to hone in on those basic care concepts. They learn the ability to problem-solve and think critically, so they can apply concepts to a variety of patient situations." Another faculty member said, "A lot of times we've asked each other who we are trying to prepare. And that kind of brings us back to the basics. So somebody is always saying that to get us back on track." Faculty members expressed their philosophy that they are nurses first and faculty second; saying the reason for their success has to do with their clinical focus and expertise. The students interviewed also

brought out they have "lots of clinical practice", saying that the faculty teaches them to think critically and "do things the proper way". According to one student, "They want you to really know it. They'll sit there with you...helping you think it through."

According to the nurse administrator, the program's real focus is on ensuring that graduates are meeting the needs of the health care facilities in which they go to work, rather than on maintaining a high NCLEX pass rate. Examples of application to clinical practice were seen in classroom observations, which included guest speakers who were clinicians, real-life examples, and comments based on the faculty members' own clinical experiences. Application to clinical practice is enhanced by strong clinical experiences, which are provided two days per week throughout the program. Generally, faculty members stay in the same clinical facility and on the same unit throughout the semester. This allows them to get to know the staff on the unit and the patient population well, facilitating the faculty member's clinical expertise in that area. Students are on the same unit with the faculty member from five weeks up to an entire semester, giving them the opportunity to get to know the faculty member and staff, as well as gain expertise in caring for the kinds of patients typically seen in that area. According to the nurse administrator, "I try not to move them around too much....Most of the time... we've kept them with the same instructor." This continuity helps to develop a sense of trust between the students, faculty member, and staff. In an observation of a clinical rotation, the faculty member knew the students in the group well and verbalized their individual learning needs and abilities. She demonstrated her commitment to assisting them gain clinical expertise by spending time with them, giving support and instruction in a non-

intrusive way, using a calm demeanor and unhurried manner. She also interacted frequently with the staff and patients, who expressed confidence in her skills.

At Suburban Community College, students are blessed with a wealth of learning resources. The low student to faculty ratio ensures that faculty members have adequate time to assist students to meet their learning needs. Although faculty members see change as a constant of their program, they feel in control of the change and see it as a positive factor. Students recognize the existence of change in their program, but they feel secure because of the continuity provided; enabling them to better tolerate change. At the next site, constant change has led to a sense of loss of control by the faculty members. However, teamwork, the faculty's experience and a history of program stability help to maintain a positive learning environment.

Nursing Education in the City

City Community College is in a city with a population of 650,000. According to the U.S. Census Bureau (2000), the median household income is $42,000, but 14% of the households have incomes at the poverty level (the highest of the communities visited); although only 3% of the labor force is unemployed. The median age of residents is 30 years. Approximately 55% of the population is Caucasian, with Hispanic/Latino representing the largest minority group at more than 30% of the population. Approximately 45% of residents over the age of 25 hold an associate degree or higher (U.S. Census Bureau, 2000). The city has grown tremendously in recent years, primarily because of relocation of technology-related businesses and industries to the city; but because of the current slump in these industries, the city is now experiencing an

economic downturn. The city's growth has taxed its ability to provide services for its citizens, as evidenced in the heavy traffic on major thoroughfares; but it continues to be a popular choice for relocation.

City Community College was founded thirty years ago, with an initial enrollment of less than 2,000 students. Since then, their enrollment has grown to over 30,000 students on several campuses throughout the metropolitan area. The majority of degrees conferred are associate of applied science degrees, and even more students earn certificates of completion in technical programs; which speaks to the strong technical emphasis at the college. Funding for the college is primarily obtained from state appropriations, tuition and fees, and local taxes. According to the college's website, these sources of funding have not been adequate to meet the needs of the college, resulting in budget cuts. More budget shortfalls are predicted in the near future as the college is challenged to expand its services, and they are seeking to raise local taxes to provide additional funding. Nursing is specifically mentioned on the website as a program in which expansion is needed. Concerns about funding and budget were frequently expressed during the visits. For example, one participant said, "We're really worried about funding for the program. We've grown a lot and the funding hasn't kept up."

The campus on which the nursing program is housed is approximately two miles from downtown, in an area populated with manufacturing firms, strip malls, and low-income housing. The campus is set away from major roads and is surrounded by a river, park, and apartments, which buffers it from its inner-city location. The campus consists of a series of two-story buildings constructed in close proximity to each other. The

buildings appear to be the same age and they are similar in architectural style. Parking areas are interspersed with green spaces, trees, outdoor sitting areas, and landscaping, making it a relaxed and pleasant environment.

The college inherited the nursing program, which had a previous life as a diploma program in a local hospital. Participants generally told the same story about the beginning of the program – the hospital could no longer afford to support nursing education, but the community was eager to see the program remain in place; therefore the community college took it over about 20 years ago. Until very recently, the program has been quite stable, accepting 40 students each semester into a four-semester program of study. Another 40 LPNs are accepted once a year into the third semester, giving a total maximum enrollment of 200 students. Approximately two years ago, the faculty members were told by college administration that the program must double in size. They began accepting 80 students per semester, a number that is expected to increase again. Currently, enrollment is approximately 300 students, although at the time of the initial visit, the first of these larger classes had not graduated. The attrition rate generally runs about 25%. Increased funding and additional faculty positions have been provided, but participants expressed concerns that the funding has not kept pace with the growth of the program and about the increased number of adjuncts hired to support the additional students. One faculty member said the adjunct faculty members are not "instilled to the same things as the full-time faculty are", an allusion to a difference in culture. There are 25 full-time faculty members, giving a current student to full-time faculty ratio of 12:1. Most faculty hold a master's in nursing degree, but about 25% of the faculty members hold doctorates.

The program is located in the oldest building on campus, which predates the college and previously served another purpose. It has been adapted for educational purposes, and, although one can still see evidence of its former grandeur, it is worn and crowded. Nursing and other health programs are housed in this building, and additional classrooms and laboratories are used in other buildings on campus. A new building to house the nursing program is under construction, which will provide much-needed space for the expanding program.

As is true of the other programs visited, admission into this program is selective, with points awarded for higher academic qualifications. The program generally attracts a large applicant pool and admitted students are academically well-qualified. The increase in program size has caused the program to go deeper into the academic pool, leading to concerns about how upcoming classes will perform on the NCLEX examination. As with the other programs in this study, students at City are admitted as a cohort group, completing nursing coursework over four semesters with other general education components. In addition to their classes, students attend clinical rotations two days per week throughout most of the program. An online option is offered in this program and some students have completed some nursing coursework online, but they are integrated with on-campus students for clinical rotations.

Simultaneously with the increase in class size, the program has been hit with other changes. Recently, the state mandated that all nursing programs adopt the same curriculum plan, which necessitated major curriculum revision for the program. The process of curriculum change is not complete, because the state-mandated curriculum has undergone two revisions in as many years. Another change is that the program is facing

a move to a new facility on a different campus. While the faculty view this move as a positive change, it presents another challenge to be faced. Faculty members repeatedly verbalized their perceptions of constant change, with no time to settle in to new patterns of behavior. According to one participant, "It feels kind of chaotic". Another said, "Compared to the first five years I was here, the momentum has just increased so much. Before, [we would] implement something, and then have time to see the effect. But now it's just change, change, change, we'll see what happens later. It's worrisome to us. All these changes are being made without evaluating the impact." The fact that they have had no control over the changes compounds the problem. The curriculum revisions were mandated by the state, and the increase in program size and impending move were mandated by college administration. The faculty members described the program as being "over-regulated", with decisions being made for them by others.

Despite the many stressors, the program has been able so far to maintain the quality of the education they provide. The NCLEX pass rate remains significantly higher than the national average. In interviews, students did not indicate being seriously impacted by the feelings of unrest and chaos experienced by the faculty. The students interviewed described the program as well structured and under the control of the faculty, with plenty of opportunities provided for input from students. Although they are aware of changes within the program (mentioning the changes in curriculum, the program's growth, online classes, and the impending move), they do not perceive these changes to be weaknesses or stressors for the program. Although the student's lack of awareness of the faculty members' stress levels may not be consistent with traditional views of culture (in which students might be expected to feel the impact of cultural conflicts), it is perhaps

a sign of the faculty's commitment that the students have not been negatively impacted by the changes.

Although the program has always offered traditional mechanisms for student support, additional support services have been offered over the past two years. Of the three programs in this study, City Community College takes the most deliberate approach to their student support program, thanks in part to a state grant they received to improve student retention in the nursing program. The grant funding is being used to provide a three-pronged approach to student success: the use of entrance testing to identify students at risk, providing academic support, and providing psychosocial/financial support. Among the kinds of activities funded by the grant are assessment testing upon admission, tutoring and counseling for nursing students, supplemental financial aid, and computer-assisted instructional software to support students with study and test-taking skills.

The grant funding provided them the opportunity to hire a full-time nursing student tutor who has a master's degree in nursing. Faculty and administrators emphasized the importance of having the tutor as a fully participating member of the faculty, in order to ensure that the tutor is thoroughly familiar with the curriculum, policies and procedures of the program. Therefore, the tutor holds a nursing faculty position, with a teaching assignment dedicated solely to student tutoring. In addition to the full-time tutor, a departmental administrator who is an experienced nurse educator provides tutoring on a part-time basis when demand is heavy. These tutors schedule hour-long appointments with students who self-refer or who are referred by the faculty due to academic jeopardy. One administrator described the importance of timing – most

students do not take tutoring seriously until they have had an incident that shakes their confidence in their ability to be successful on their own, such as failing an examination. Persistence is also identified as a factor in ensuring that the student benefits from the tutoring. One person interviewed said "If a student comes to a nursing tutor one time, their grade may or may not improve. It may get worse. But if they come two or three times, their grade almost always improves, because they're persistent." In addition to reviewing course content with the student, the tutors review the results of the entrance assessment examination with the student to identify areas of strength and weakness. They also review the student's examination results to identify common reasons for missing questions, and they work with the student on reading, study and test-taking skills. One student interviewed said that the tutors "take it seriously. When I went in, there was a set goal."

The grant also provides funding for a nursing counselor who works part-time with program students to provide assistance with personal and financial problems, helping them to locate additional sources of financial aid and resources for serious personal and family problems. When requested and with the student's permission, the counselor sits in on faculty/student conferences involving disciplinary issues and academic probation, in order to act as a student advocate and help the student to interpret what they will need to do to be successful. The grant proposal originally included a mentoring program. The faculty had planned to assign students to volunteer nurses in the community who would be available by email, telephone, or in person to talk with the students about their experiences and provide encouragement. However, they found that this plan was not effective, due to the heavy workload and limited time of the nurses and the students.

With this exception, the faculty and staff believe that the support program has been highly effective. They are currently in the process of evaluating outcomes to obtain the data needed to demonstrate effectiveness of the support program.

Promotion of Student Success at City Community College

In general, all participants attribute the graduates' success on the NCLEX to the same factors: the quality of the faculty, students, and curriculum; mechanisms for student support; and the preparation for the NCLEX and for clinical practice from the beginning. Students, administrators, and faculty members frequently mentioned the quality of the faculty as a strength of the program. Most of the faculty members have been with the program for years, some since the time of the diploma program. One said, "There's not a lot of turnover here." The nurse administrator described the faculty as being experts at what they do, crediting their long tenure and the fact that they are able to teach the same content each semester. Participants frequently described faculty members as knowledgeable in their fields and experienced in education. Students said that they value the faculty's expertise. One student said, "The faculty are very dedicated to what they are doing. They live for this. They believe in what they're doing. You don't find that in other fields, in other schools." Faculty and administrators agreed that the faculty works in concert to make decisions about the program, using a consensus-building process. According to one participant, the faculty will "never be accused of group-think, which makes it tremendously difficult sometimes, to say the least. But I think that it's probably a characteristic that's worth all its trouble, because we don't go down a path without thinking whether it's true." Written documents, such as the handbook and syllabi, verified that the faculty is seen as central in the process of developing the

curriculum and setting standards for performance. Students interviewed expressed their confidence in the faculty's ability to plan and implement an effective program of learning on their behalf, although they recognize that the faculty are concerned about obtaining student input. One student said, "They always ask us what they can do better." As with the other colleges, students at City did not express an interest or need to have more control over their learning experiences.

Another reason identified by participants for the program's history of NCLEX success is the quality of the students. Participants indicated that limiting the size of the program results in an extremely strong group of students who are admitted. The students interviewed recognized their own strength and expressed pride in their accomplishments. Students partly attribute their strength to the fact most of them are adults over the age of 25, often with past work experience in health care. Despite the challenges of being an adult returning to school (such as having to work to support themselves while in the program, anxiety about returning to school, and family responsibilities), the students interviewed believe that their age and life experience contributes to their success in the program. One student said, "When we come, we're older and have done other things. We know that this is what we want to do. We really want to be nurses." They described their support for each other, mentioning the use of study groups, the student association, moral support, and having graduates come back to talk with them about what to expect on the NCLEX and in practice.

The faculty members partly attribute the graduates' success to their focus on clinical preparation. A faculty member said, "We're very clinically focused." Like the other programs, City takes a traditional approach to clinical education, with one faculty

member supervising a group of students in a structured health care setting. A faculty member said, "It really is one of our values that you need to be with the student for clinicals, so we keep the [student to faculty] ratios down." Another faculty member spoke of the faculty's essential role in clinical instruction, saying, "Our role is to coach and to listen to their cues." Students generally stay with the same instructor on the same unit for at least five weeks. Clinical time increases each semester; and by the fourth semester, the students attend clinical two full days per week. Students described their clinical experiences as being focused on patient care skills, with the faculty members teaching them to "do things right" in the clinical area. One student said, "They're very concerned here about patient care and doing the right thing....Concern for your patients is the main thing." The experiences provided increase in amount and complexity throughout the program, ultimately preparing them for the realities of nursing practice. According to a student, "I think that the clinical experience we get is good. We're all over, all different places....so I think we learn flexibility. When we go out into the real world, there's not that shock. We have a real well-rounded clinical." By the end of the program, the students are able to manage the care for groups of patients. They finish their clinical experience with a mentorship with a staff nurse, which prepares them for the transition into practice. One student said, "When we do graduate...we're more prepared to work in a real environment. We're confident as graduate nurses."

A clinical rotation observed provided evidence of the structured clinical experience, provided under the leadership of the faculty. The clinical experience took place in a large hospital setting, with two students each on four units. The faculty member had prepared detailed information about expectations for students' behavior in

the facility and methods used for evaluation, as well as providing reference material to assist students to understand the specialized needs of the patient population. The faculty member began the day by meeting with students after receiving report, helping the students to plan their day and identify the learning experiences to help them meet their objectives. This faculty member maintains a close working relationship with the staff in the facility, and she talked with the staff frequently about upcoming learning opportunities and student needs. The students verbalized a clear understanding of the learning objectives, and they were goal-directed in seeking out the experiences that would enable them to meet those objectives. The faculty member was actively involved with the students, staff, and patients.

During the visit to City Community College, nearly all participants identified that the high standards established by the program are important in ensuring graduate success on the licensure examination. The selective admission process based on academic qualifications is an example of these standards. After students are admitted to the program, they are held to the high grading standards, as established by the faculty. The minimum grade average required to earn a "C" is 75%, which the faculty members identify as a reason for the high pass rate on the NCLEX examination. The student handbook and course syllabi provide detailed information regarding expectations for student achievement, grading standards, and objectives to be met. Students described the standards as "tough, but fair." Although the faculty members are committed to providing support as needed, ultimately students must meet the standards in order to progress through the program. One student interviewed said, "There's so much time you have to devote to study to get the things done you need to get done." The students described the

curriculum as organized and comprehensive, identifying the curriculum as a strength of the program. They said the curriculum focuses on important concepts that prepare them for the role of the nurse, with appropriate teaching tools used to help them grasp the material. According to one student interviewed, "They really focus in on what the important stuff is." Students noted that the faculty members begin preparing them for the NCLEX examination from the very beginning of the program, frequently reminding them of concepts that they are likely to see on the NCLEX, using NCLEX-style test questions, giving a comprehensive final each semester, and offering examinations on the computer. According to one student, "There are a lot of little things that are geared towards the NCLEX from the beginning. Like having your exams on the computer, because that's how it is on the NCLEX." Another said, "I don't know how many times we hear from the first semester on, you'll see this on the NCLEX, this is what is going to be on the NCLEX."

Student support was a frequent theme mentioned in interviews. Students described their support for each other, saying, "It feels kind of like the intimacy you had in high school....We have a real tight knit class....Everyone tries to help each other out." Student believe that the faculty members are supportive of them, mentioning that they feel like the faculty want to see them succeed and that they can go to the faculty for help. According to one student, "I can feel comfortable going to any instructor here for help. They're not going to turn me away. They'll make time to answer my questions." One student said that the faculty makes sure that the students know about upcoming due dates and responsibilities, saying "We get a lot of, you need to do this by this date, if you haven't done this yet, it's something you need to take care of." Tutoring, test reviews,

and feedback on performance are examples of methods of support identified as helpful to the students.

At City Community College, the experience and commitment of the faculty, strong clinical foundation, and emphasis on student support are instrumental in ensuring positive academic outcomes. Despite the recent onslaught of changes and the related feelings of stress among the faculty, students see the learning environment as positive and stable. They believe they have the resources readily available to provide them the support they need.

Summary

There are differences and commonalities found in the programs in this study. The differences point out that nursing education programs can be successful even in challenging circumstances. Table 3 summarizes the major differences found in the programs.

Table 3: Differences Among the Programs

Characteristics	Smalltown	Suburban	City
Setting	Rural	Suburban	Urban
Size of College	2,600	18,000	30,000
Fiscal Resources	Limited	Abundant	Limited
Nursing Student Enrollment	85	120	300
Number of Full-time Faculty	3	16	25
Examinations Given on Computer	Yes	No	Yes

Despite these differences, the programs share significant commonalities, as shown in Table 4.

Table 4: Commonalities Among the Programs

Characteristics	Smalltown	Suburban	City
Well-Established Program	40 years	30 years	30 years
Master's Prepared Faculty	Yes	Yes, plus some who are doctorally prepared	Yes, plus some who are doctorally prepared
Admission Based on Minimum Academic Qualifications	Pre-requisite courses, required minimum GPA (2.75) and ACT (19)	Pre-requisite courses, required minimum GPA (2.8) and ACT (17)	Pre-requisite courses, required minimum GPA (2.7) and assessment test score
Use of NCLEX-Style Exam Questions Throughout Program	Yes	Yes	Yes
Grading Standard Set Higher Than College Norm (70%)	82%	78%	75%
Attrition Rate Less Than 30%	20%	<10%	25%
Regular Faculty Meetings	Yes - weekly	Yes – monthly plus committee meetings	Yes – monthly plus committee meetings
Multiple Methods Used for Student Input/Communication	Email listserve, student mailboxes, evaluations by students	Email listserve, student mailboxes, evaluations by students, student reps. attend faculty meetings	Email listserve, student mailboxes, evaluations by students, student reps. attend faculty meetings
Expectations Clearly Delineated in Writing	Handbook, syllabi, grading tools	Handbook, syllabi, grading tools	Handbook, syllabi, grading tools
Faculty-Supervised Clinical Experiences	Yes	Yes	Yes
Majority of Clinicals In Acute Care	Yes	Yes	Yes
NCLEX Predictor Exam Required	Yes	Yes	Yes
Students Purchase NCLEX Review Book Early in Program	Yes	Yes	Yes
Mechanisms Provided for Student Support	Peer directed study groups, tutoring, NCLEX review	Study groups, tutoring, faculty-led workshops on	Student success program funded with grant money

	groups, study and test-taking skills software, academic and personal counseling, NCLEX review software	anxiety reduction and study and test-taking skills, academic and personal counseling, NCLEX review software	(full-time tutor, part-time counselor, software, assessment testing, supplemental financial aid), study and test-taking skill software, NCLEX review software

As shown in the above tables, despite some significant differences in full-time faculty to student ratio and availability of financial resources, these programs share much in common. Standards are high, student support services are readily available, mechanisms for communication are abundant, expectations are clearly spelled out, structured clinical experiences are provided, and there is an emphasis on NCLEX preparation. These commonalities are based on shared values and assumptions that facilitate student success. These values and assumptions that emerged in the course of the study are discussed further in Chapter 5.

CHAPTER 5

VALUES AND ASSUMPTIONS

Faculty, students, and administrators in the three nursing education programs in this study share certain values and assumptions that contribute to positive academic outcomes. These values and assumptions emerged through extensive review of the interview transcripts, program documents, and field notes documenting observations made. The process of coding helped clarify the values that drive practices in these programs. Five values are particularly important in driving decisions and practices in the programs that contribute to positive academic outcomes. They are:

1. The faculty as a team of experts

2. High standards

3. Continuous improvement

4. Student support

5. Preparation for practice

In the next section, I will describe these values, giving examples of how the values drive program practices. For each of the values, an opposite value is identified, which brings to light other value choices that would result in different actions and academic outcomes. Subconcepts related to the values are identified and discussed. At the end of the chapter, a description is provided of the assumptions on which the values of the program are based.

> **Value #1: The faculty members are experts in nursing and in education. Their collective expertise provides them with the responsibility and authority to plan, implement, and evaluate the program of learning, working together as a team.**

Value #1 refers to a belief in the individual and collective expertise of the faculty. Examples of this value are seen in students' comments regarding the faculty's expertise and in their views of the faculty members as the drivers of program change, comments about the faculty working together to make decisions, faculty-led meetings, and statements in program documents supporting the faculty's authority for the program of learning.

An opposite value might be expressed in the following way: Administrators and/or regulatory bodies should made decisions about the program because the faculty lacks the necessary expertise to make wise choices. In programs exemplifying this opposing value, faculty might express feelings of disempowerment and discontent about their lack of control. In fact, this opposing value has recently surfaced at one of the sites, in the form of a state mandate regarding nursing curriculum. The faculty's reaction to this mandate provides evidence of the importance they place on Value #1.

Reliance on Expertise of the Faculty

In all programs visited, organizational members spoke of the expertise and commitment of the faculty as being a strength in their program. They see the faculty as knowledgeable of both nursing practice and education, and committed to providing a quality nursing education program. For example, one person interviewed said, "I think that all of our faculty are very committed nurses who have a commitment to nursing, to

the profession, to patients, and to our students." Other participants said that the faculty

members are "experts at what they do." Experienced faculty expressed confidence in

their ability to make sound decisions to guide the program, based on their expertise,

although new faculty members were more likely to have doubt about the wisdom of their

decisions and they expressed gratitude for the mentorship of the other faculty members.

According to one participant, "We know what we're doing. Yes, we'll listen to the

students and make a few changes [based on their feedback], but the buck stops with us."

Faculty members are viewed as possessing individual expertise in specific areas,

as well as a collective expertise as "the faculty". According to one participant, "each

[faculty member] brings different things to the program". In most cases, the nurse

administrator and the faculty work together to ensure that faculty members are able to

teach in their area of clinical expertise, as well as continuing to gain expertise in their

field through continuing education. This is less true at Smalltown Community College,

because the small contingent of faculty means that faculty members must have a broad

base of knowledge. Individual faculty members were also identified by their peers as

possessing specialized knowledge related to various educational areas; for example,

expertise in the use of technology in the classroom, distance learning, test development,

or anxiety-reduction techniques.

Because administrators view faculty members as possessing specialized expertise

and commitment to their work, the faculty is trusted to plan an appropriate program of

learning. Program materials emphasize the faculty's responsibility for establishing

learning objectives and their authority to determine whether these objectives have been

met, based on their professional judgment. Students expressed great faith in the ability

of the faculty to plan the curriculum, although they recognized and were appreciative of the opportunities they have to provide input. None of the students interviewed expressed any need to have greater control over their learning experiences. The students were uniformly complimentary of the faculty, always identifying them as a major reason for the students' own success and speaking of their competence in nursing, knowledge of nursing education, and commitment to their profession. The students' faith in the faculty's ability to make appropriate decisions on their behalf was quite striking.

Autonomy in Decision-Making

The faculty members in these programs believe that they have individual autonomy in planning teaching methods and evaluating student achievement. They also believe that, as a group, they have the authority to plan and implement the program of learning; including developing program policies, determining program direction, and establishing learning objectives. Administrative officials interviewed expressed support for the faculty's decisions and the faculty verified that administration backs them up when their decisions are challenged. For example, one faculty member said, "If we feel a student is not up to par, they stand behind us." College administrators verified the faculty's authority and responsibility to make decisions regarding the program, saying that the role of the administrator is to provide them with the resources they need and support them in their decisions. According to one administrator, "The faculty know what a nurse needs to know and they're the ones who have to decide."

Faculty members recognize that they do not have unlimited power – concerns over funding are present in all programs and the faculty are not able to obtain all the resources they believe they need. There are also political pressures in varying degrees;

and in some cases, examples were given of decisions that have been made without faculty input, much to their dismay. For example, the faculty members at City Community College expressed much concern about the state-mandated curriculum revisions and the decision to increase program size. Perhaps the strongest evidence of the value placed on the faculty's autonomy as a unit was seen when these cultural incongruities occurred, causing faculty members to feel that this value is challenged.

Team Approach

At all sites, the faculty members spoke of working as a team in decision-making, and program planning. For example, one faculty member said, "If I'm having a student with a problem and I'm struggling with it, I know I can bring it to my team and address it openly. I never feel like I'm out there having to make a decision by myself. I can go to my colleagues for support." These faculty groups all meet on a regular basis, and in the two larger programs, level teams and committees are in place and meet on their own. Observations of faculty meetings provided support for the view of the team approach. Faculty members worked collaboratively in planning and problem-solving, discussing student concerns, clinical needs, and curriculum together. In the two faculty meetings observed, the nurse administrator facilitated the meeting, but all faculty were actively involved in the discussion and decision-making. At the third site, there was not an opportunity to observe a faculty meeting, but the nurse administrator and faculty provided examples of their use of teamwork in decision-making.

Students see the faculty members as a team, and they believe that the faculty team makes decisions together. Students interviewed tended to speak of individual faculty members as "instructors", but when they spoke of them as a group, they called them "the

faculty". The same language was often seen among college and nurse administrators and among the faculty themselves. An analogy that comes to mind is in the sport of rowing. Individual participants in the sport are called "rowers", but when one speaks of the group of rowers in the scull, one calls them "the crew". The crew becomes a single unit, and the success of the scull is dependent on the success of the unit. This is similar to the view of the faculty teams in these programs. Organizational members see the success of the program as dependent on the faculty working together as a unit.

High Standards

Value #2: Students must achieve high standards of performance, as established by the faculty, in order to progress in the program.

Value #2 refers to a belief in students' ability to reach a high level of achievement based on standards established by the faculty. Examples of this value are seen in the student handbooks on all campuses that clearly spell out the expectations of the faculty, in the frequency of comments made about high standards, in the Suburban faculty saga of the student who was allowed to pass the course without meeting the minimum grade and later failed the NCLEX, in the academic requirements for admission to the program established by all three programs, and in the higher grading scale for the program as compared with the rest of the campus.

An opposite value could be expressed as a belief that standards that are easily met should be established in order to ensure students' success in the program; and if students don't meet the standards, they should be given another chance. Educational programs using this value in practice would be likely to have high grade point averages and a high

completion rate, but they would also have a low NCLEX pass rate and low ratings on employer satisfaction surveys.

Academic Standards

In interviews with faculty members and nurse administrators, they often discussed the importance of "setting the bar high", increasing the level of expectation as the student progresses through the program, and holding students accountable for meeting the standards. A faculty member said, "You learn to set the criteria high. They will most of the time rise to the level of the criteria you set. Now, there will always be one or two that don't, but most of them do. So you set the bar high and they do what you want them to do." Students in these programs are also aware of the high standards of the programs, often mentioning the programs' high standards as being a reason for graduate success on the licensure examination. Although students often commented on the heavy workload imposed on them, they related the workload to the standards established by the program and connected to their future success, verbalizing no resentment of the workload.

The faculty members have another reason for holding high standards – they want to ensure that their students are prepared to practice safely as registered nurses. Several faculty members identified that patients are their first priority, so they try to establish standards that will ensure that patients are able to receive effective care. One faculty member said, "We never compromise the safety of what we're doing in the clinical setting, because we're working with real lives, real patients, real problems; and we can't afford to let some kind of inappropriate patient care go on". By placing first priority on the student's ability to practice nursing safely and effectively, the faculty members are

able to make the sometimes difficult decision to assign a failing grade to a student who has not met the standards.

Interestingly, between 75 and 90% of the students who begin the programs in this study are successful in completing. Faculty cite common reasons for non-completion as being related to finances, relocation, or personal crises; rather than academic failure. The relatively high completion rates in these programs may be related to admission standards that assure admitted students are academically qualified, and support mechanisms that are provided to promote student success.

Communication to Students

For high standards to be met, students must understand the expectations. In all of the programs in this study, student handbooks and course syllabi are given to students on or before the first day of class, and they are reviewed with the students. These documents provide clearly delineated, detailed information concerning the expectations for student behavior. Terms frequently seen include "Students are expected to…", "Students must…", and "It is mandatory that…". The students in this study welcomed the clear guidelines established, saying that they know what is expected from them. They described the program materials as "organized and complete". For example, a student at one site waxed eloquent on the well-organized written material provided to them, comparing it favorably to another program with which she was familiar. She said that having detailed materials is an advantage to students and promotes their success.

Faculty members continue to communicate with students throughout the program, letting them know where they stand and counseling them early if the student experiences academic difficulty. Students receive prompt feedback on assignments and examinations

and are kept informed of their grades. According to one participant, "I can't imagine that there are any surprises on the part of the student if they're not doing well." Students indicated that they are notified of their grades on a regular basis. Communication mechanisms provided include informal and formal means. Formal student conferences are held periodically and mechanisms are provided to ensure that grades are provided to students within a designated timeframe. Informal mechanisms include open door policies, email communication, and frequent contact with students in small group settings, such as laboratory and clinical groups.

Consistent Enforcement

In all programs, the faculty members consistently enforce the standards established for students; and students are not allowed to continue in the program if they do not meet the standards. One faculty member interviewed said, "We're not afraid to make decisions that need to be made. Sometimes, they do need to come back....It's better to make the tough decisions than to graduate someone who isn't ready. Our patients have to be our first priority." Another participant said, "We have not let our standard go down. We're not afraid and we tell them that we've worked too hard, we're not going to let this program die...We're not afraid to say if you're not willing [to do the work], you can go on down the road." Students indicated that the standards are the same for all students and that they are "graded fairly."

At Suburban Community College, one of the stories told by the nurse administrator and faculty members tells of an instance that the faculty did not enforce the standards they had established, and the outcome was decidedly negative. The faculty and

nurse administrator use this story to remind themselves of the importance of consistent enforcement of their standards.

Standards Applied to Faculty

Faculty members in these programs also have high expectations of themselves. They expect themselves to stay current in clinical, to work hard, and not to let their team down. This value was seen particularly at Smalltown Community College, where the faculty members have extraordinary expectations of the work they believe they should be able to accomplish. There was no evidence presented during the visits that these faculties feel pressured by others to perform – their motivation appears to be internal, bolstered by peer pressure and positive feedback from administrators and students.

Students recognized that the faculty members work hard and hold themselves to high standards. They often spoke of the faculty members' commitment, saying for example, "They live for this." This perception of high faculty commitment may contribute to the students' willingness to meet the high standards for student performance, as students observe the commitment of their faculty role models.

Continuous Improvement

> **Value #3: A nursing education program functions as a learning organization, using evaluative data in decision-making for a process of continuous, planned change.**

Value #3 refers to a belief in the importance of incremental, planned change that is data-driven. Examples of use of this value are seen in the comments made about the faculty "tweaking" the curriculum; the focus of organizational members on NCLEX results; the use of data from evaluations completed by students, graduates, and employers

to drive changes; comments made that the faculty is always learning and bringing information back; and concerns expressed about too much change without having time to evaluate.

An opposite value would be expressed through using personal experiences and anecdotal evidence to drive decisions about change. Another way to express an opposite value would be to assert that, since the program has a history of success, no changes should be made. Programs that base their actions on the first value would be unable to provide a rationale for changes made other than "gut feelings" or through examples of individual student cases. Programs operating under the second value would be likely to grow stale over time, teaching outdated concepts and using teaching methods that have been shown to be ineffective. These practices were not found in the programs in this study; and the statements of students, faculty, and administrators indicate the programs' goals are to continuously make improvements.

The Learning Organization

The programs in this study have many characteristics of learning organizations, as defined by Garvin (1993) – "an organization skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insight" (p. 80). The faculty members examine their own practices critically through spirited dialogue with each other and by seeking feedback from students, employers, and others. They use a collaborative decision-making process through their structured team approach; and they experiment with new practices, such as new methods of teaching, going online with coursework, and trying new course structures.

According to Leithwood (1998), "collective learning is not the sum of individual learning" (p. 205). He conceptualizes organizational learning as a multilevel phenomenon that is on a continuum from individual learning to the collective learning of the organization. Leithwood says that:

> Teams are more apt to represent the range of interests in the organization than is the individual; they may produce more creative solutions than an individual; and their members…are more likely to understand and support decisions made through participation in such decisions. Furthermore, communication is likely to improve among members when they are meeting regularly (p. 207).

Using a team approach, organizational learning occurs through changing patterns of action through the process of mutual adaptation. This kind of collective learning is a nonlinear and dynamic system. Leithwood says that team learning is influenced by the cultural characteristics of the group, for example, their encouragement of diverse views and the role of leadership. One of the nurse administrators gave an example of encouragement of diverse views when she said, "We would never be accused of groupthink here." Observations of faculty meetings and the faculty's descriptions of their work processes provided further evidence of a philosophy of shared leadership.

Data-Driven Decision Making

The faculty members in these programs often base their decisions on evaluative data, such as NCLEX results, formal evaluations completed by students, employer feedback, and student achievement on examinations and predictor testing. Data collection and analysis is supported by the larger organization. According to an administrator, "That's one of the things we can help them with, is the data, so they don't have to do it all on their own." Faculty members gave examples of mini-research studies they had conducted, such as gathering data on the effectiveness of using a new teaching

model in the laboratory, using a one-minute reaction paper to evaluate a new teaching approach, or correlating admission scores to student success in the program. At Smalltown, the faculty members are less likely to use formal mechanisms of data-gathering and analysis, due to the lack of staff available to conduct, summarize, and analyze the data; but they still use formal student evaluations, NCLEX results, standardizing test results, and employer and graduate feedback to provide data for decision-making. For example, one Smalltown faculty member discussed their review of the diagnostic profiles of graduates who fail the NCLEX. They cited a decision recently made to raise the minimum grade required to earn a "C", because of their evaluation of trends on NCLEX predictor examination and NCLEX results. All programs rely heavily on student input in making program decisions, and the students recognize that their input is influential in program decisions.

Data-driven decisions take time and energy, because such data cannot always be collected and analyzed quickly or easily. In addition, faculty members often need time to reflect upon data findings and determine an appropriate course of action, which may make change a slow process. Even in these exemplary programs, the faculty members sometimes feel pressured to make changes without adequate time to gather data necessary for evaluation.

Planned Change

A decided faculty and student preference was expressed for planned, incremental change. The fact that the City faculty finds the pace of change in the past five years so disconcerting is evidence of the value they place on planned change based on evaluation

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of the data. Their value is being challenged by a changing organizational culture in the college that values growth, placing them in conflict with the larger organization.

Detert, Louis, and Schroeder (2001) express the concept of planned change as a belief that things are never good enough. The faculty members in this study demonstrate this belief through their efforts to continuously move the program forward and improve its quality. According to one, "We're constantly changing. You know, health care is constantly changing, so we can't keep teaching things the same old way." Although faculty members and students alike value stability, they place higher value on planned change. Their use of the term "tweaking the curriculum" is evidence of their efforts to make incremental changes.

According to one administrator, "The faculty is very innovative and open to new ideas. They'll give new ideas a try. They take a positive approach to change." Each of the programs have implemented several improvements in the recent past voluntarily; such as use of a website for posting program materials, setting up a student listserve, implementing a new model of laboratory instruction, and initiating the use of cooperative learning methods throughout the program. The faculty members in these programs are energized by new ideas and methods, and eager to try new approaches. However, it is important to them that they have control of the changes, rather than having the "decisions made by others".

> **Value #4: The faculty members must provide the necessary support to foster student success.**

Value #4 expresses a belief in the need to support students who are admitted in order to promote their success in the program. Examples of this value are seen in the City student retention program, Smalltown's use of peer tutoring, Suburban's faculty-led student and test-taking skills workshops, and the variety of computerized and non-nursing support services provided on all campuses.

An opposite expression of this value might be stated as an assertion that students are adults who should be expected to locate the resources they need to be successful on their own. A long-time faculty member in one program indicated that the faculty in her program at one time held this opposite value, saying, "We are so different in how we approach students [from how we were in the past]. At that time, we approached it like, these students are adults, they need to be independent learners. We worried about how much are we supposed to be giving them and how much should they get on their own? [Now],… we're more supportive of students who are struggling. We offer them extra things that help them to be successful." This is an example of how the culture of the organization can change over time. Programs who utilize this opposite value might have a high NCLEX pass rate, but they would also be likely to have a high attrition rate.

Support from the Faculty and Institution

These faculty members take their responsibility for student success seriously; and they are quick to approach students to offer help when academic problems occur. One faculty member said, "As soon as they start to go downhill, we call them in for counseling or talk about things. We make them…analyze their test. We'll set them up

with a tutor, those kinds of things, way before the end of the semester, because if you wait until there's one test left, the chances of pulling it out at that point are slim....We keep watching them very close." Another faculty member said, "If a student is struggling, we try to dig in and give them a lot of individual attention." Students in all three programs are expected and often required to participate in some type of improvement plan as soon as their grades drop. While implementation of the improvement plan is ultimately up to the student, the faculty ensures that students are aware of their status in the program and have the information on resources available to them.

Support services are abundant for students in these programs. Tutoring, review sessions, online information, counseling, financial aid, computer-assisted instruction, support groups, study groups, and additional references are readily available in these programs. One participant said, "I think that faculty have sort of created more student opportunities [for learning]. We have a program where the second-year students mentor the first-year students, the lab has become much more student-friendly, so that students don't have to come in shaking to do their skills check-off. We've created a learning environment that is pleasant, nurturing, [and] collegial." Students indicated they are comfortable approaching the faculty for help; and they identified mechanisms for support they have used. For example, many of the students interviewed described their participation in study groups, sessions with tutors, attending study skills workshops, and using outside references to help them with study.

Responsibility of the Students for Own Learning

One of the subconcepts under this value almost seems to be in conflict with the overarching value of student support. In all three programs, faculty and students were clear that the student is ultimately responsible for their own learning. The philosophies of the programs in this study include this statement as one of the faculty beliefs, and the faculty verbalized that they hold students accountable for their own learning. Students interviewed also recognized their accountability for meeting the standards of the program. One student interviewed is repeating a course, but he acknowledged that the failure was his own, rather than blaming the faculty for the failure. He discussed the efforts he has made to ensure success the second time through.

These faculty members can differentiate between assisting students and enabling them. The faculty members are there to help students learn but they do not compromise the standards they have identified. No faculty member or student interviewed ever mentioned extra credit assignments, changes made in course requirements after the course has begun, or compromises in grading standards. Students are ultimately held accountable for their performance, but the faculty members are available to assist them to gain the tools they need to be able to meet the standards.

Preparation for Practice

Value #5: The curriculum should prepare students for licensure and for clinical practice.

Value #5 refers to the faculty's belief in continually applying knowledge to clinical practice in the role of the nurse, which includes a belief in preparing students for

the licensure examination from the beginning. Examples of use of this value are seen in the faculty's focus on patient safety, student comments that they are prepared for licensure and clinical practice, examinations that are written to be similar to the NCLEX examination, and the focus on providing a strong clinical experience.

An opposite expression of this value might be to state one's belief in giving students a foundation in theoretical concepts of nursing, while expecting they will get support from employers after graduation to learn to apply the knowledge. Programs utilizing this opposing value would have little laboratory or clinical practice in their program, although they might have strong theoretical preparation. While this practice could arguably result in an acceptable NCLEX pass rate, it would be likely to also result in low ratings on employer satisfaction surveys.

Preparation for the NCLEX Examination

The nurse administrators and faculty members take seriously their responsibility to prepare students for the licensure examination and for clinical practice; recognizing that, in nursing, one must be licensed to be able to work in one's chosen field. According to one nurse administrator, "If you're going to put them through two years, then you need to get them through boards." NCLEX preparation begins early in these programs. As an example, one student said, "They started us out day one so that by the end when we took the NCLEX, we would be prepared". Students interviewed were very aware of the NCLEX examination and its importance, and they mentioned it often. The students in each of the programs are encouraged or required to buy NCLEX review books early and use them when studying for examinations. As one student said, "As long as I'm studying anyway, I might as well be studying for both the test and the NCLEX." All of the

programs offer examinations at least monthly, and they often require a comprehensive

final examination at the end of each course. Examinations are primarily multiple-choice,

with questions written at the higher levels of cognition, beginning in the first semester of

the program. According to a graduate of the program, "Their exams prepare you for the

NCLEX, so that when you take it, it's no big deal." Students are frequently reminded of

concepts and information likely to be on the NCLEX. This was noted in classroom

observations. One student said, "They help you figure out what's important." Students

also have access to NCLEX practice tests on computer, and they take an NCLEX

predictor examination at the end of the program.

Faculty focus on NCLEX results as an outcome, using NCLEX program reports

and/or candidate diagnostic profiles to determine the need for curriculum changes.

Faculty members were very aware of the structure of the NCLEX examination and they

discussed pending changes in the examination for which they will need to prepare.

Focus on Learning in the Clinical Area

Even more important than preparing students for the NCLEX examination, these

programs prepare students for practice as registered nurses. The faculty members in

these programs believe that students must be well-prepared to assume the role of the

registered nurse upon graduation from the program. According to one participant, "We

have to teach them for how they'll be behaving when they're out." Another said, "We're

really trying to hone in on those basic care concepts. Even if I'm talking about critical

care issues, I want them to be able to recognize the same concepts that we've taught all

along. And I think that's what we're trying to build – that all students have a very strong

core experience." A graduate of one of the programs who currently works as a staff

nurse said, "They give you lots of clinical practice so that you can go right out and know what you're doing." A charge nurse said, speaking of a recent City graduate, "She was able to come out and pick up pretty quickly because she had a solid clinical foundation."

Clinical experiences might be classified as traditional for nursing education. Most clinical practice is in acute care facilities, on units where the faculty member can provide close supervision with minimal moves between facilities. The faculty members are very much involved in the students' clinical learning experiences, taking a hands-on approach – role modeling, coaching, and supporting students through new experiences. With standardized evaluation tools to evaluate students' achievement of learning objectives, the faculty members use their professional judgment to determine students' progress. These programs tend to use traditional kinds of written assignments in clinical, primarily lengthy and detailed plans of care related to the patients for whom the students cared. Although there is anecdotal evidence that these lengthy written assignments are going out of favor in some programs, such assignments are used in these programs with good results. Clinical staff members have collegial relationships with the faculty members and they work closely with them to facilitate students' learning experiences; but the faculty member remains very much in charge of the students, while the clinical staff member retains charge of the patient care rendered.

Underlying Assumptions

During the course of the study, discussions with organizational members helped to bring out the assumptions on which the values are based, revealing common belief systems within the programs. This process is consistent with Schein's (1992) assertion

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that basic assumptions "become so taken for granted that one finds little variation within a cultural unit" (p. 21-22). Schein says that, by helping organizational members search in their own minds for deeper levels of explanations, cultural assumptions emerge. The assumptions that emerged and the values to which they are related are as follows:

1. Organizations function more effectively when there is collegiality and interdependence (Value #1).

2. The faculty is responsible for decisions made regarding the program of learning (Value #1).

3. Students are capable of learning and performing at high levels when they understand the expectations and consequences (Value #2).

4. Communication and information are essential for organizational effectiveness (Value #3).

5. The program is never good enough (Value #2 and 3).

6. Adults have multiple life situations that impact their ability to be successful in academic life. They need the support of the academic organization to assist them to achieve their goals (Value #4).

7. Graduates should be ready to go to work as registered nurses upon completion of their education program, making a smooth transition into the workplace (Value #5).

According to Schein (1992), assumptions are formed around the dimensions of the nature of reality and truth, time, space, human nature, activity, and relationships. "Because of the ultimate importance of these assumptions, we must understand them at some level of detail so that we can compare organizations and subunits within them." (p.

97). It is particularly important to understand assumptions when a cultural change is desired, because strong assumptions can either facilitate or derail the change, depending on whether the change is in line with underlying assumptions. There are changes in process in the programs in this study, some of which seem to be in conflict with the assumptions of the faculty. For example, at City Community College, the college's goal of institutional growth is in conflict with the assumption regarding the faculty's responsibility for program planning. Schein cautions that significant organizational change often takes an extensive period of time to implement to avoid destroying the organization. He encourages organizational leaders to work through a planned change process to implement effective change.

Summary

The values common to all sites in this study are the faculty as a team of experts, high standards, continuous improvement, student support, and application to practice. These values form the basis of an organizational culture within each program that contributes to student success. Consistent with Schein's (1992) framework, the values are used by participants to solve problems of external adaptation and internal integration. They are more effective when used in concert with other values as a part of a value system, rather than existing in isolation. The use of this value system has enabled the programs in this study to maintain effectiveness even in the face of challenging circumstances.

In Chapter 6, the findings of this study are placed in context with Schein's framework and are considered in light of other research findings in the areas of

organizational culture, organizational effectiveness, and factors impacting student

success. Implications for theory and practice are reviewed, and recommendations for

practice and for further research identified.

CHAPTER 6

DISCUSSION

In this study, the three cases of associate degree nursing education programs were found to have commonalities in their organizational cultures that contribute to the success of their graduates on the licensure examination. Five values are present in the programs, as discussed in Chapter 5:

1. The faculty as a team of experts

   - Reliance on expertise of the faculty

   - Autonomy in decision-making

   - A team approach

2. High standards

   - Academic standards

   - Communication to students

   - Consistent enforcement

   - Standards applied to faculty

3. Continuous improvement

   - A learning organization

   - Data-driven decision making

   - Planned change

4. Student support

   - Support from the faculty and institution

   - Responsibility of students for their own learning

5. Preparation for practice

    - Preparation for the NCLEX examination

    - Focus on learning in the clinical area

Administrators, faculty members, and students share these values, which form the basis

for decision-making, problem-solving, and program practices that address problems with

external adaptation and internal integration. In this chapter, the findings are considered

in light of Schein's framework and other research. Implications for practice are discussed

and recommendations made. Areas for future research are described.

Consideration of Findings Using Schein's Framework

The findings of this study are consistent with Schein's (1992) definition of

organizational culture: "a pattern of shared basic assumptions that the group learned as it

solved its problems of external adaptation and internal integration that has worked well

enough to be considered valid and, therefore, to be taught to new members as the correct

way to perceive, think, and feel in relation to those problems" (Schein, 1992, p. 12). In

the programs in this study, organizational members (including administrators, faculty,

and students) share a set of basic values and assumptions that inform organizational

practices. These values and assumptions help organizational members to solve problems

of external adaptation and internal integration. According to Schein (1992), problems of

external adaptation "specify the coping cycle that any system must be able to maintain in

relationship to its changing environment" (p. 52). Problems of external adaptation that

were commonly found in the programs in this study are related to outside pressures to

increase program capacity and expand the options offered. Schein says that, "If a group

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is to accomplish tasks that enable it to adapt to its external environment, it must be able to develop and maintain a set of internal relationships among its members" (p. 70). Problems of internal integration seen in these programs are related to maintenance of quality, using financial resources judiciously, and planning for incremental changes. The culture is passed on to new members through symbols, sagas, rites, and rituals (such as formal orientation sessions, student and faculty handbooks, organizational sagas demonstrating the importance of their values, and role modeling). Students are brought into the culture for a relatively short period of time, usually four semesters. Students accept and adopt at least some of the values of the culture that enable them to be successful.

According to Schein (1992), organizations can develop a set of assumptions that are stable and enable the organization to function as a culture, while at the same time allowing for perpetual learning and change. "The more turbulent the environment, the more important it will be for leaders to argue for and show that some level of control over the environment is desirable and possible" (p. 364). There is turbulence in the environments in which the programs in this study operate, which is related to financial constraints, the growing demand for nurses, and a rapidly changing health care arena. Schein recommends that organizations operating in turbulent conditions adopt certain core assumptions to ensure that organizational learning is used to promote continued effectiveness. These assumptions are present in the programs in this study. The assumptions identified by Schein are summarized as follows:

1. People in learning organizations must be proactive problem solvers and learners. Passive acceptance of reality is less likely to result in learning and change.

2. Solutions to problems result from a search for truth, which can be found in many different places. Truth does not reside in any one source or method.

3. Learning organizations must have faith in people, believing that human nature is good.

4. An organizational culture that promotes both individualism and groupism is desirable. Individualism leads to creativity and innovation and groupism leads to implementation of complex interdependent solutions.

5. Learning organizations have a time orientation that is somewhere between near future and far future, which allows them to test out proposed solutions without persisting with solutions that are clearly ineffective.

6. Communication and information are essential to the organization and must be actively facilitated.

7. Diversity is desirable in learning organizations and should be promulgated, but organizational members must learn to value the subcultures that ensue.

8. Possessing both a task orientation and a relationship orientation will help the organization to value its people and get the job done at the same time.

9. The learning organization sees the world as complex, nonlinear, and overdetermined.

Schein recommends that organizational leaders promote these kinds of assumptions; first by possessing the assumptions themselves, and then by recognizing and rewarding them

in others. The programs in this study appear to possess many of the assumptions that Schein says are characteristic of learning organizations. They are proactive in addressing problems, quick to try innovative solutions, see their students and co-workers as basically good and worthy of their support, promote both individualism and groupism, have a time orientation that is oriented between the near and far future, have multiple mechanisms for communication, value diversity, are oriented to both tasks and relationship, and see the world as complex. The continued promotion of these assumptions by program and college leaders will ensure that these programs remain effective.

Consideration of Findings in Light of Existing Research

Organizational Culture

The strength of the organizational culture in the programs in this study varies with the stability of the program and its faculty. However, all of the programs possess certain values that contribute to student success. As in Harmon's (1989) study, faculty members in these programs share certain core values; including values related to high academic standards, the importance of knowledge creation and transmission, academic freedom, and academia as a calling. These faculty members are also strongly aligned to the values of their profession, as evidenced by several of them speaking of being nurses first and teachers second. This is consistent with Silver's (2003) assertion that faculty are more aligned with their own disciplines than with academia in general and with Harmon's (1989) finding that academics who are members of professions value the knowledge, skills and attitudes of their profession, and emphasize professional practice and competence. The faculty in this study also hold values consistent with community

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college education, as identified by Austin (1990) and Cross (1997), including values related to open access, diversity, serving the needs of the community, developing basic skills needed for success in college, and effective teaching. However, these traditional community college educational values are tempered with the need to maintain high professional standards consistent with nursing. For example, the value placed on open access is balanced with the need to provide the education for those who can benefit from it, justifying the selective admission policies.

The programs in this study embody the cultural traits identified by Denison and Mishra (1995) as associated with effective organizations. These traits are involvement, consistency, adaptability, and mission. The faculty demonstrates involvement through their active participation in program planning and student learning. Consistency in the culture is evident in comparing descriptions of program practices given by students and the faculty members. Adaptability is shown in the faculty's openness to change; and mission in their expressions of the purposes of their respective programs. Although Denison's and Mishra's research was not set in educational institutions, it is possible that the four traits they identify are key qualities for all effective organizations. The value placed on teamwork in the programs studied is consistent with Denison and Mishra's (1995) finding that high levels of involvement create a sense of ownership and responsibility. Teamwork also produces consistency, which provides security to the faculty and students, although as Denison and Mishra (1995) caution, highly consistent cultures are often resistant to change. Although the cultures in this study demonstrated no resistance to change, there was a marked preference for slow, planned, incremental changes; and the faculty members are distressed in the face of changes that are out of

their control. Teamwork also contributes to the shared mission and values of the faculty, another characteristic that Denison and Mishra associate with effectiveness in organizations. Dill (1999) also emphasizes the importance of a team approach, saying, "An important contribution of the quality management movement has been to emphasize that improved outcomes are less a product of the refinements made by individuals in their own work, and more a product of the collective collaboration of all the individuals involved in a complex production process." (p. 138). Dill recommends that institutional structures facilitate coordination, communication, and accountability among those who teach in an academic program or department. The programs in this study have been successful in developing these structures and they consistently demonstrate coordination, communication, and accountability.

An unexpected finding in my study is that, although there are differences in the organizational culture of higher education and K-12 education, there are also commonalities in basic educational values. As with the high school teachers in Mitchell's and Willower's (1992) study of an effective high school, the faculty members in these programs are cohesive groups who respect and trust administration, expect administrative support, value autonomy, and have high expectations for their students. Program and institutional administrators spoke highly of the faculty's expertise and support their decisions. Although there were instances related in which an administrative decision was made without faculty input, these instances are exceptions to the rule. The students have good relationships with the faculty members, who they see as being there to help them be successful. One of the surprises in for me was the degree of trust

students have in their faculty members to plan an effective program of learning on their behalf.

As with the public schools in Gaziel's (2001) study, these programs are noted to place high value on academic achievement and continuous improvement. Although an orderly environment was not found to be one of the five primary values of the programs, the faculty and students frequently spoke of the importance of structure, clarity, and consistency in rules and policies for the program; all of which promote an orderly environment. The findings in this study are also consistent with Ayres and Bennett's (1983) findings that successful institutions provide an environment in which there are high expectations of the faculty and students.

Organizational Effectiveness

The programs in this study embody many of the indicators of quality in higher education as identified by Tierney (1999). They use measurable indicators of quality (the NCLEX pass rate being an example of one); and they are able to verbalize the mission, vision, and goals that drive their practices. They are efficient in their use of time, resources, and processes; with a good understanding of costs and the use of effective organizational processes. Finally, they are committed to their work, a quality recognized by students and administrators.

A potentially controversial finding in this study is related to the view of faculty members as experts who hold the responsibility and authority for planning the program of learning. In their research of effective high schools, Detert, Louis, and Schroeder (2001) describe an opposite value – that educational needs should be determined primarily by parents, community groups, students, and others. This difference in values may be

related to the difference in settings. While students in the nursing education programs in this study are given opportunities for input, and feedback is actively sought out from employers and others; the faculty members in this study are seen by all as being very much in charge of the program of learning. Students do not feel devalued or patronized by their lack of control over their learning experiences; rather they indicated feeling secure in the learning environment and having faith in the faculty's decisions. The faculty members do not abuse or take lightly their positions of authority; rather, they take their roles seriously and thoughtfully consider their decisions, seeking all input possible. Detert, Louis, and Schroeder (2001) also say that, "the needs and requirements of various stakeholders must be the primary determinants of organizational actions" (p. 194). In these programs, the needs of patients, who are the ultimate stakeholders, are the primary determinants of the actions of the faculty, rather than the needs of the students. In addition, the fact that the students must take a standardized examination to become licensed after the completion of the program limits the faculty's ability to allow curricular flexibility. Institutional administrators support the faculty's autonomy in decision-making, a finding that is different from Thaxter's and Graham's (1999) finding that community college faculty perceive they have limited involvement in institutional decision-making.

Student success in community colleges is often difficult to measure, due to open access policies, the part-time nature of the student body, and the variety of educational goals (Bryant, 2001). Community colleges provide access to a diverse group of students, many of whom are adults returning to school with limited finances and multiple responsibilities (Bryant, 2001). Critics of community college education often point out

that it is difficult to identify reliable indicators of educational effectiveness in community college programs. The findings of this study suggest that associate degree nursing programs provide an effective nursing education for their students.

Factors Impacting Student Success

The success of the programs in this study is consistent with the findings of Lizzio, Wilson, and Simons (2002), who said that students who perceive that there is a positive teaching environment are more likely to use deep approaches to studying and have positive academic outcomes. The students in these nursing programs perceive that the learning environments are positive, which they attribute to the commitment of the faculty and their own motivation. Students were not specifically asked about their definition of a positive learning environment, but in interviews, they spoke of the availability of faculty members, peer support, adequate learning resources, and well-organized materials, all of which are characteristics of a positive learning environment. Although most of the students are adults with multiple responsibilities, they showed evidence of using deep approaches to studying; such as studying for long-term gain of knowledge, focusing on application to practice, and using additional references and resources to help them understand the material.

The programs in this study offer many support services to students, which is consistent with Jeffreys (2001) finding that students who participate in an enrichment program have higher pass rates and lower withdrawal rates. Support services include many of the resources identified in Jeffreys' study, such as orientation, mentoring, tutoring, study groups, career advisement and guidance, workshops, and networking.

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These findings support Jeffreys' assertion that students' retention in nursing education programs is promoted through offering academic and non-academic support services.

Other Concepts

All of the programs in this study embody many of the characteristics of organizational learning. Mitchell and Sackney (1998) describe the characteristics of organizational learning to include the use of reflective self-analysis, engaging willingly in professional learning, understanding systemic influences and relationships, sharing information openly, examining practices critically, experimenting with new practices, understanding the inevitability of conflict, engaging in dialogue, developing common understandings, and engaging in collaborative decision-making. In the programs in this study, learning occurs because of the continued dialogue among the faculty, which is fostered through the leadership of the nurse administrator and supported by institutional administrators. Learning organizations base problem solving on a "culture of evidence" (Dill, 1999). "Successful problem-solving on improving teaching and learning, particularly at the level of the basic academic unit, is highly dependent upon the quality of social knowledge, which includes a shared evidenced-based approach to problems and a common language of student performance" (Dill, 1999, p. 149). These nursing programs use a shared evidence-based approach to problems and a common language for student performance. There is open communication at all levels of the organization, leading to continuous improvement in the quality of the programs.

O'Banion (1997) says that community colleges are in a good position to function as "learning colleges", in which the student is central to the mission of the college. The idea of a learning college is different from that of a learning organization, which was

discussed in the above paragraphs. According to O'Banion, a learning college prioritizes learning first, providing learning experiences for the convenience of the students. He goes on to say that:

> Programs which are designed to build cohorts of students and then to engage them in a common experience or curriculum greatly increase retention and ultimately program completion. Nursing programs in community colleges have some of the highest success rates in all of education, at least in part because a cohort is guided together through a rigorous competency-based curriculum. Nursing students study and support each other, and there is no disincentive for all to succeed at high levels because students are not graded relatively to each other (as on a Bell curve) but relative to a set performance standard (p. 55).

The nursing programs in this study are typical of this description and they present an example of the effectiveness of this model. The precepts that have created "a learning college" within nursing education programs may be adapted to other community college academic programs to improve outcomes.

Implications for Theory and Practice

One of the surprises in this study is the high value placed on clinical expertise of the faculty and on application to clinical practice. Each of the programs uses traditional clinical settings and structures for the majority of the students' clinical experiences; offering clinical experiences in structured settings, such as hospitals, rehabilitation facilities, and long-term care facilities. Faculty members provide direct supervision for the majority of clinical experiences, remaining with the same group of students for at least several weeks. Although some non-supervised experiences are offered (primarily in preceptorships at the end of the program, which allow students to make the transition into practice) and rotations through community settings are used; the programs tend to have very structured clinical experiences. Faculty members with expertise in the clinical

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specialties supervise students in that area; and students have many opportunities to practice the skills required for nursing. By providing extended periods on the same unit, the faculty members ensure that students have adequate time to understand what happens in that environment. Supervision by faculty members is consistent with the programs' view of the faculty members as experts in their field who are responsible for planning the learning objectives and evaluating students' achievement. In some nursing education programs, there is a trend towards relying on clinical staff to provide supervision for students' learning experiences. The findings of this study support the essential role of full-time faculty in the clinical area who have expertise in practice and education. In addition, some programs tend to move students frequently from one clinical area to another, resulting in limited clinical time in any one setting. The findings of this study suggest that using a single clinical setting for a longer period will foster student learning.

In all programs, experienced and knowledgeable nurse administrators provide effective leadership for the programs. Leaders have an important role in sustaining organizational culture, which tends to lose energy and move toward disorder if not nurtured (Birnbaum, 1988). Leaders in a mature organization may need to act as facilitators who articulate the values of the culture and keep them vital and appealing (Trice & Beyer, 1991). At other times, the leader will need to stimulate the impetus toward change. Schein (1992) says that one of the most critical roles of leadership is to "notice changes in the environment and then to figure out what needs to be done to remain adaptive" (p. 382). To do this, Schein encourages leaders to remain in tune with the external environment and be aware of the culture of the organization. The nurse administrators in these programs are facilitators who provide stability as well as moving

the organization toward change when needed. The need for strong, stable leadership in academic units is demonstrated through the trust that organizational members have of the nurse leaders in these programs.

A constant theme in all three programs is change. During times of organizational change, the leader must recognize that such change is likely to be anxiety producing to members of the organization. Chaffee and Jacobsen (1997) encourage institutions to develop a shared culture that affirms their fundamental values while letting go of the "trappings" – traditions that may no longer be necessary. They point out that attempting to change culture at the level of artifacts will not be effective, unless there is also effort to change underlying values and assumptions. Administrators must recognize that organizational members will protect values and assumptions assiduously, even when they no longer work for the organization or denigrate certain participants (Kuh & Whitt, 1988). For the organizational culture to change, planning must be purposeful and cognizant of cultural dynamics, and new cultural tenets should capitalize on useful elements of the existing culture, building on foundations already established (Chaffee and Jacobsen, 1997). The use of rational decision-making can be enhanced through understanding the faculty's "appreciation for the scientific method and the primacy of knowledge as the foundation for though and action" (p. 240). By targeting information pertaining to the faculty's priorities, the faculty will be better able to understand reasons for change.

In this study, the premise of learning organizations is present in the programs, pointing out the need for academic leaders to foster associated characteristics in their own settings. Detert, Louis, and Schroeder (2001) recommend that attention be given to staff

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development, saying that this idea is consistent with change, innovation, and personal growth. Organizations that restrict their involvement in staff development to a simple statement that it is a professional responsibility of organizational members may miss an opportunity for team involvement in developing and implementing learning goals that will help the group to move forward. Academic leaders could consider providing opportunities for group planning in establishing organizational learning goals and locating resources to facilitate staff development; so that continued professional learning will be seen as not only an individual responsibility, but also a responsibility of the organization.

The findings suggest that highly effective programs still struggle with the same issues and concerns, as do other academic programs and departments. Even the exemplary programs that served as cases in this study are not immune to budget cuts, external demands for expansion, internal conflicts, doubts about their efficacy, and perceptions of under-staffing. In some cases, these issues are of increasing concern to the faculty, which may result in a negative impact on the programs' effectiveness in the near future. Cameron's (1992) and Cameron's and Smart's (1998) research supports that quality can be maintained, even in the face of declining resources and an environment of turbulence, if attention is given to including group members in decision-making, sharing information, using teams, and ensuring the visibility of leaders.

Recommendations for Practice

Recommendations for educators striving to promote success in their own settings follow, categorized by the five values found in this study.

Faculty as a Team of Experts

Educational leaders are encouraged to promote the individual and collective autonomy of the faculty members in their programs. As Schein (1992) says, individualism leads to creativity and innovation, while a team approach leads to implementation of complex interdependent solutions. Faculty members should be encouraged to maintain and further develop their individual areas of expertise, to promote diversity within the group's knowledge base and skills. Taking a deliberate approach to faculty development will help to ensure such diversity. For example, assisting the group to establish collective and individual goals for staff development will help to promote organizational learning. By recognizing the expertise of various faculty members in specialized areas, new faculty and students will have mentors available to provide assistance in those areas. Steps should also be taken to encourage mechanisms for information sharing and communication between all levels of the organization, including faculty-faculty, faculty-student, faculty-administrator, and administrator-student communication. For example, email listserves, student and faculty mailboxes, and frequent meetings of the faculty and/or students help to ensure an environment of open communication.

High Standards

In each of the programs in this study, the message was clear from administrators, faculty, and students: The program must have high standards for achievement, communicate them clearly, and enforce them consistently. While care must be taken to avoid setting unrealistic standards, it is essential that faculty in educational programs thoughtfully consider their expectations for student achievement, ensure that those

expectations are provided to students in writing and reviewed, and enforce standards consistently. Student support goes hand-in-hand with high standards, but educators must be careful to differentiate between providing support to students that promotes their ability to achieve the standard of performance expected, and providing support that compromises or reduces the level of expectations. Facilitating student success in the program is for naught if the student is unable to pass licensure/certification examinations or perform in the expected roles of the beginning practitioner after graduation. Academic leaders should ensure that time is provided for free discussion among faculty about the academic standards; for example, by scheduling adequate time at faculty meetings. Because students are quick to notice inconsistencies in faculty interpretations of academic standards, faculty members have a responsibility to work together to ensure that standards are defined clearly and student achievement is evaluated consistently.

Continuous Improvement

As Schein says, organizations can develop a set of assumptions that are stable and promote formation of a culture, while at the same time allowing for perpetual learning and change. By studying and promoting characteristics of learning organizations, leaders in educational programs can ensure that their programs continue to move forward, while also maintaining an element of stability and security for organizational members. Continuous program improvement is facilitated by encouraging innovation, promoting respect for diverse ideas, using evaluation data to support program decisions, and maintaining open communication. For example, academic leaders and faculty members must use a plan for systematic program evaluation that ensures the necessary data is

available to support their decisions. Encouraging faculty members to present and discuss new ideas to improve the program can foster open communication.

Student Support

Students in higher education have diverse needs and responsibilities. While it is important to ensure that educational standards are not compromised, mechanisms for student support must be readily available to facilitate student success. Institutional efforts to provide student support services are important, and faculty must take advantage of opportunities to provide input into the development of institution-wide student support programs. Faculty members must also ensure that they are familiar with support services offered by the institution and that they share this information with students. At the same time, academic programs can facilitate student success by offering services to students specific to their area. Equally important is the establishment of a culture in which students feel comfortable in going to faculty members for assistance and discussing their concerns. Administrators and faculty should also encourage a culture of student accountability for their own success and foster the development of student-led efforts, such as study groups, peer tutoring, and informal discussions. Physical facilities that provide students with places they can go to meet in small groups or have lunch or coffee together can help to promote student interaction. Technology can also support student interaction, by establishing a student email listserve, for example.

Application to Practice

The three cases in this study have a strong clinical focus in which many opportunities are provided to apply knowledge and practice clinical skills. Although further research is needed to better define elements of an effective clinical experience in

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nursing education programs, the findings in this study support that student learning is augmented by offering clinical experiences in blocks of time on the same clinical unit; supervised by faculty members who are experienced educators familiar with the curriculum; with well-defined learning objectives, written assignments that promote critical thinking and application of theory to practice, and sound mechanisms for evaluation.

Each of these programs incorporates preparation for the NCLEX examination throughout the program. Faculty members take steps to ensure that students are familiar with concepts that are included on the NCLEX, as well as ensuring that the students are comfortable with taking examination questions similar to NCLEX questions in environments that are similar to NCLEX testing conditions. Too much focus on passing the NCLEX may lead to anxiety or rebellion on the part of students, but the findings in this study support the effectiveness of NCLEX preparation plans that begin early and continue throughout the program.

Recommendations for Further Research

Although there is evidence that students in this study internalize some of the values of the program's culture, the study did not specifically address the extent to which students are a part of the program's culture. A future study could examine the process and extent of students' acculturation into educational programs. Additional study is also needed to understand the process of acculturation for new faculty members in educational programs, focusing on how inexperienced faculty members learn how to set standards

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high, enforce them consistently, and provide students the support they need to be successful.

There is also a need for more research on clinical experiences in nursing education programs. Many programs are beginning to utilize alternative formats for clinical experiences, such as non-faculty supervised clinical experiences, clinical experiences in non-traditional settings, and simulated clinical experiences in the laboratory. In this study, positive clinical experiences were facilitated by the faculty member's expertise in the area and their ability to transmit this to their students, opportunities to practice clinical skills, and blocks of time on the same clinical unit. Further research is need to explore the role of clinical experience in nursing education, elements essential for a strong clinical experience, and the role of the faculty member in the clinical area. Other research questions include whether students can have positive clinical experiences in community settings, with adjunct faculty members, or through observation.

Research is also needed to compare characteristics of programs with a low pass rate on the NCLEX examination to those with a high pass rate. One question that remains unanswered is related to how much success can be attributed to student versus program characteristics. Another research question is related to definitions of success in nursing education, for example, whether a program can be considered successful without having a high NCLEX pass rate.

Conclusions

This study examines the organizational culture in successful nursing education programs; defining success by graduate pass rate on the licensure examination. The findings of this study suggest that the organizational culture of an academic unit can impact academic outcomes that are very important to the field of nursing. Organizational values such as faculty teamwork, high standards, continuous program improvement, student support and preparation for practice facilitate successful academic outcomes. Such values are based on assumptions related to trust, open communication, ability to learn, collegiality, and autonomy. In the programs in this study, the faculty members work closely together to establish standards that ensure safe and effective patient care, but at the same time, they provide the support necessary for students to meet their educational goals. With the support of administration, they work collaboratively to continuously improve their respective programs, using evaluative data to drive their decisions. The students have faith in the faculty's expertise, judgment, and commitment to student success. They express pride in their programs, recognizing the quality of the education provided, and more importantly, recognizing the need for quality education to shape the future of the nursing profession.

The nursing shortage is complex and multifaceted, and no single solution can adequately address the problem. However, nursing education programs that promote the use of the values found in the programs in this study may experience an improvement in academic outcomes, resulting in more nurses entering the workforce. The programs in this study struggle with issues related to budget, conflicts with the broader institutional goals, adequate faculty numbers, and maintaining quality, but the organizational culture

in the programs promotes their continuing effectiveness. By providing high quality

nursing education, institutions of higher education can help to ensure that a well-educated

nursing workforce is in place to meet the health care needs of the United States.

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APPENDIX A:

LETTERS OF INTRODUCTION

(Letter of Introduction to College Administrative Official)

Gayle McNish
6304 South Shore Drive
Oklahoma City, OK 73162
(405) 722-5245

{Date}

{Name and Address of College Administrative Official}

Dear {Title and Name},

I am a doctoral student at Oklahoma State University, pursuing a doctorate in Higher Education Administration. My current position is Associate Director for Nursing Education at the Oklahoma Board of Nursing. Prior to accepting this position, I had twenty years experience as a nurse educator and administrator in a nursing education program.

I am conducting a study to understand how the organizational culture in a nursing education program affects the success of students, specifically, their success on the licensure examination. I hope that the findings of this study will contribute to knowledge of organizational culture in academic departments and its impact on student outcomes.

I have selected the nursing education program in your institution because of its history of successful graduate outcomes on the licensure examination. I have sent a letter to the nurse administrator of the program, requesting permission to conduct observations of classes and meetings, interviews with the nurse administrator, nursing faculty and students, and document analysis of the handbook, course syllabi, and other public documents. If permission is given, I anticipate that I will visit the program twice, for approximately four days each time. I will use the data that I gather during these visits to analyze values and assumptions in the organizational culture that may contribute to student success.

The findings of this study will be published in my doctoral dissertation. I also hope to publish an article based on the findings. The name and location of the institution will be kept confidential, as will the names of those interviewed. Pseudonyms will be used in the final report. Interviews will be tape-recorded and transcribed, to facilitate analysis; however, the tapes will be maintained as confidential by the interviewer. No questions of a personal or intrusive nature will be included, but those interviewed will be free to discontinue the interview at any time. Additionally, the director and/or faculty may request that the researcher leave during observations of meetings or classes when it is deemed necessary.

Sincerely yours,

(Letter of Introduction to the Nurse Administrator)

Gayle McNish
6304 South Shore Drive
Oklahoma City, OK 73162
(405) 722-5245

{Date}

{Name and Address of Nurse Administrator}

Dear {Title and Name},

I am a doctoral student at Oklahoma State University, pursuing a doctorate in Higher Education Administration. My current position is Associate Director for Nursing Education at the Oklahoma Board of Nursing. Prior to accepting this position, I had twenty years experience as a nurse educator and administrator in a nursing education program.

I am conducting a study to understand how the organizational culture in a nursing education program affects the success of students, specifically, their success on the licensure examination. I hope that the findings of this study will contribute to knowledge of organizational culture in academic departments and its impact on student outcomes.

I have selected the nursing education program in your institution because of its history of successful graduate outcomes on the licensure examination. I would like to request your permission to conduct observations of classes and meetings, interviews with you, nursing faculty and students, and document analysis of the handbook, course syllabi, and other public documents. If permission is given, I anticipate that I will visit the program twice, for approximately four days each time. I will use the data that I gather during these visits to analyze values and assumptions in the organizational culture that may contribute to student success.

The findings of this study will be published in my doctoral dissertation. I also hope to publish an article based on the findings. The name and location of the institution will be kept confidential, as will the names of those interviewed. Pseudonyms will be used in the final report. Interviews will be tape-recorded and transcribed, to facilitate analysis; however, the tapes will be maintained as confidential by the interviewer. No questions of a personal or intrusive nature will be included, but those interviewed will be free to discontinue the interview at any time. Additionally, you and/or faculty may request that I leave during observations of meetings or classes when it is deemed necessary.

I will call you within the next two weeks to answer your questions and to make further arrangements. I appreciate your consideration.

Sincerely yours,

Gayle McNish
6304 South Shore Drive
Oklahoma City, OK 73162
(405) 722-5245

{Date}

Dear Nursing Faculty Member,

I am a doctoral student at Oklahoma State University, pursuing a doctorate in Higher Education Administration. My current position is Associate Director for Nursing Education at the Oklahoma Board of Nursing. Prior to accepting this position, I had twenty years experience as a nurse educator and administrator in a nursing education program.

I am conducting a study to understand how the organizational culture in a nursing education program affects the success of students, specifically, their success on the licensure examination. I hope that the findings of this study will contribute to knowledge of organizational culture in academic departments and its impact on student outcomes.

I have selected the nursing education program in your institution because of its history of successful graduate outcomes on the licensure examination. I have been granted permission by the nurse administrator of the program to conduct observations of classes and meetings, interviews with the nurse administrator, nursing faculty and students, and document analysis of the handbook, course syllabi, and other public documents. I anticipate that I will visit the program twice, for approximately four days each time. I will use the data that I gather during these visits to analyze values and assumptions in the organizational culture that may contribute to student success.

The findings of this study will be published in my doctoral dissertation. I also hope to publish an article based on the findings. The name and location of the institution will be kept confidential, as will the names of those interviewed. Pseudonyms will be used in the final report. Interviews will be tape-recorded and transcribed, to facilitate analysis; however, the tapes will be maintained as confidential by the interviewer. No questions of a personal or intrusive nature will be included, but those interviewed will be free to discontinue the interview at any time. Additionally, you may request that the researcher leave during observations of meetings or classes when it is deemed necessary.

My first visit will be conducted from {date} to {date}. A focus group interview has been set up with the nursing faculty on {date and time} in {location}. Since this is during your lunch time, sandwiches and soft drinks will be served. I will look forward to meeting you then. Please feel free to contact me prior to that time if I can answer any questions.

Sincerely yours,

Gayle McNish
6304 South Shore Drive
Oklahoma City, OK 73162
(405) 722-5245

{Date}

Dear Nursing Student,

I am a doctoral student at Oklahoma State University, pursuing a doctorate in Higher Education Administration. My current position is Associate Director for Nursing Education at the Oklahoma Board of Nursing. Prior to accepting this position, I had twenty years experience as a nurse educator and administrator in a nursing education program.

I am conducting a study to understand how the organizational culture in a nursing education program affects the success of students, specifically, their success on the licensure examination. I hope that the findings of this study will contribute to knowledge of organizational culture in academic departments and its impact on student outcomes.

I have selected the nursing education program in your institution because of its history of successful graduate outcomes on the licensure examination. I have been granted permission by the nurse administrator of the program to conduct observations of classes and meetings, interviews with the nurse administrator, nursing faculty and students, and document analysis of the handbook, course syllabi, and other public documents. I anticipate that I will visit the program twice, for approximately four days each time. I will use the data that I gather during these visits to analyze values and assumptions in the organizational culture that may contribute to student success.

The findings of this study will be published in my doctoral dissertation. I also hope to publish an article based on the findings. The name and location of the institution will be kept confidential, as will the names of those interviewed. Pseudonyms will be used in the final report. Interviews will be tape-recorded and transcribed, to facilitate analysis; however, the tapes will be maintained as confidential by the interviewer. No questions of a personal or intrusive nature will be included, but those interviewed will be free to discontinue the interview at any time.

My first visit will be conducted from {date} to {date}. I would like to invite you to attend a focus group interview, which has been scheduled for the nursing students on {date and time} in {location}. Since this is during your lunch time, pizza and soft drinks will be served. I will look forward to meeting you then. Please feel free to contact me prior to that time if I can answer any questions.

Sincerely yours,

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APPENDIX B:

INTERVIEW PROTOCOL

Interview Protocol

1. Let's go over the history of this program. Can you tell me how and why the program started? What were some of the issues and concerns at that time? How has the program changed over time?

2. What was the basic mission of the group at that time? How would you compare it to the current mission of the program?

3. What's it like to be {the nurse administrator} {a faculty member} {a student} in this program?

4. What do you see as the major challenges the program will be facing in the next five years?

5. Tell me about a time that you had to make a decision that significantly impacted students in your program. What was the situation? How was the decision made? Did the decision work? How did you feel about the decision?

6. Why do you think this program has been so successful in assisting students to pass the NCLEX exam?

7. What are the strengths of this program? The weaknesses?

APPENDIX C:

CONSENT FORM

Consent Form

I have read the information outlining the research project on the organizational culture of successful nursing education programs being conducted by Gayle McNish and I agree to participate. I understand the research purpose, process, and safeguards, and that identifying information about my interview will be kept confidential.

Name: _____

Signature: _____

I appreciate your willingness to be part of the study. If you have any questions or concerns about this research project, do not hesitate to contact Gayle McNish at the following address:

Gayle McNish, MS, RN
6304 South Shore Drive
Oklahoma City, OK 73162
Email: mcnish3@cox.net

For more information you can also contact the IRB office at Oklahoma State University:

Sharon Bacher
IRB Executive Secretary
Oklahoma State University
415 Whitehurst
Stillwater, OK 74078
(405) 744-5700

APPENDIX D:

INSTITUTIONAL RESEARCH BOARD

APPROVAL FORM

Oklahoma State University
Institutional Review Board

Protocol Expires: 12/12/2003

Date: Friday, December 13, 2002   IRB Application No   ED0355

Proposal Title: THE ORGANIZATIONAL CULTURE IN SUCCESSFUL NURSING PROGRAMS

Principal
Investigator(s):

Gayle McNish   Kelly Ward
6304 S. Shore Dr   316 Willard
Oklahoma City, OK 73162   Stillwater, OK 74078

Reviewed and
Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved *

Dear PI :

Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 415 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,

Carol Olson, Chair
Institutional Review Board

*NOTE: Change IRB room number to 415 Whitehurst and add that his contact is for information on subjects' rights.

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VITA ②

Gayle Allison McNish

Candidate for the Degree of

Doctor of Education

Dissertation: ORGANIZATIONAL CULTURE OF SUCCESSFUL NURSING
PROGRAMS

Major Field: Higher Education Administration

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma, on August 24, 1953, to
William G. and Willie M. Harvey. Married to Carroll E. McNish; one
child (Layne).

Education: Graduated from the Beaver High School, Beaver, Oklahoma, in May
1971; received Bachelor of Science degree in Nursing and Master of
Science degree in Nursing from Oklahoma University Health Sciences
Center, Norman, Oklahoma in May 1976 and December 1985,
respectively. Completed the requirements for the Education Doctorate
degree with a major in Higher Education Administration
at Oklahoma State University, Stillwater, Oklahoma in December, 2003.

Experience: Worked as a staff nurse from 1976-1977 at Methodist Hospital in
Houston, Texas; from 1977-1978 at St. Anthony Hospital in Oklahoma
City, Oklahoma; from 1979-1984 at Purcell Municipal Hospital in Purcell,
Oklahoma, and from 1984-1992 with Integris Baptist Medical Center in
Oklahoma City. Worked as faculty member from 1978-1984 at Mid-
America Vocational-Technical School, Wayne, Oklahoma; from 1985-
1992 at Rose State College, Midwest City, Oklahoma. Worked as
program director from 1992-1999 at Rose State College, Midwest City,
Oklahoma. Worked as Associate Director for Nursing Education from
1999 to present at the Oklahoma Board of Nursing, Oklahoma City, OK.

Professional Memberships: Oklahoma Nurses Association, Sigma Theta Tau.