

**FACULTY PERCEPTIONS OF COLLABORATIVE PROGRAMMING FOR THE
BACCALAUREATE AS ENTRY TO NURSING PRACTICE**

BY

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ABSTRACT

The primary purpose of this study was to examine the perceptions of southern Alberta nurse educators regarding the concept of collaborative programming as one way of working towards baccalaureate entry into nursing practice (EP 2000). Specifically, answers to the following questions were sought:

1. To what extent do nurse educators support the EP 2000 mandate, and why do they hold these views?
2. To what extent do nurse educators support the concept of collaborative programming, and why do they hold these views?
3. What programming alternatives do nurse educators perceive as desirable for working towards baccalaureate entry to practice?
4. What are the perceived barriers and facilitators to developing a collaborative program?
5. What factors may influence a nurse educator's perception of collaborative programming?

A questionnaire was developed and distributed to 112 full-time nurse educators in four diploma nursing programs (DNP) and two baccalaureate nursing programs (BNP) in southern Alberta. Completed returns numbered 74 (66%). Descriptive statistics, content analysis and the Chi Square statistical test were used to analyze the data. Lewin's (1951) force field theory was used as a guide in interpretation of the data findings.

The major findings of the study were as follows:

1. Generally, nurse-faculty perceived the system of nursing education to be inadequate in meeting the health care needs of society; in providing for educational and career mobility; and in the kind and amount of communication between its educational components.
2. A majority of BNP and DNP faculty support the EP 2000 mandate. Each group identified the need to upgrade professional standards and educational requirements to better serve society (consumers, patients, hospitals, marketplace demands and the profession) and better meet the increased intellectual, technical and judgemental demands required by the expanded roles in nursing practice.

3. A majority of the BNP and DNP faculty support the development of collaborative baccalaureate programs for reasons ranging from professional benefits to pragmatic and economic aspects. However, there were a number of ambiguities and contradictions in the participants' responses.

4. Restricted provincial funds, lack of government support for EP 2000, concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses, the need to protect existing program territoriality, and difficulties in mobilizing inter-institutional processes were perceived as barriers influencing the development of collaborative programs. The EP 2000 position statements, the increased commitment of nursing faculty to work collaboratively among institutions, increased student demands for baccalaureate education, and a desire to retain the strengths and resources of diploma education were perceived as facilitators.

5. The participants' type of employing institution affected certain perceptions of collaborative programming and the baccalaureate as entry to nursing practice.

It was concluded that less overt resistance to collaborative programming was found than might have been predicted, given the slow movement in the province toward planned collaboration. The base seems to exist for a concerted, organized, regional effort in this direction, provided that serious attention is paid to the issues identified by the respondents. Finally, the data provide a foundation for developing an educational process and action steps to enhance progress toward collaboration as one option for facilitating EP 2000. Recommendations were presented for nursing education and future research.

*"No system can endure that does not march . . .
for to stand still is to have gone back."*

Florence Nightingale

(in Dolan, 1983)

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CHAPTER I

INTRODUCTION

Background to the Problem

The nursing profession has a responsibility to society to determine and establish educational standards for nursing practice. In recognition of that responsibility, the Canadian Nurses Association (CNA) resolved that by the year 2000, the minimal educational requirement into the practice of nursing should be a baccalaureate degree in nursing (CNA, 1982). The CNA resolution emerged from the recognition that changes in health care concepts constitutes an extended and changing role for nurses. The rationale for the adoption of this position is best expressed in a landmark document of the 137 Task Force on Nursing Education:

In view of the geometric expansion of knowledge, the complexity of man's modern health problems, the development of new technologies, the increased expectation of consumers for quality health care, the increased role of government within the health care system and the development of various health care delivery patterns, it becomes apparent that future professional health care providers need a broad educational base . . . (1975, p. i).

The 'baccalaureate entry to practice position' is an effort of the nursing profession to adjust and align its system of education with the fundamental changes and trends so rapidly taking place in the society which it serves. Baccalaureate nursing preparation is seen as the base for mastering a complex body of knowledge and the vehicle for ensuring continued professional growth and improved nursing practice. Basic to promoting the baccalaureate degree as the entry level preparation is the legitimization of the professional stature of nursing. To date, nine provincial and one territorial nursing association have endorsed an entry to practice position similar to the CNA's.

The entry to practice position is a futuristic statement that encompasses anticipated required competencies for nursing care. Although the need for comprehensive educational programs in preparation for practice has been recognized for decades (for

example, Weir, 1932; Mussallem, 1960 & 1965), this position is a proactive stance rather than reactive, relative to the evolution of nursing practice and education in Canada (Richardson, 1988). As a proactive statement, much needs to be done in order for it to progress from vision to reality and from principle to practice.

Impediments to Baccalaureate Entry to Practice

Although baccalaureate entry to practice has been supported intellectually by various professional groups, the expansion of university generic baccalaureate degree programs has been slow at best. The reasons for the delay in implementing these programs are complex and require acknowledgement of several interrelated factors which influence nursing and nursing education.

One of the nursing profession's prime difficulties and one that is rare in many other professions, is the great variation in the organization of educational programs. In part, this variety is because education, health and social services are constitutionally the responsibility of individual provinces rather than the federal government. Thus, each province has evolved nursing education programs reflective of its own post-secondary structure as well as national trends (Shantz, 1985; Richardson, 1988). For example, in Alberta, British Columbia and Manitoba there are three distinct types of nursing education programs which coexist to prepare graduates for entry into practice: two and a half to three year hospital-based diploma programs, two year college-based diploma programs, and four year generic baccalaureate programs. Another type of baccalaureate program offered in almost all provinces is the post-basic baccalaureate program which allows diploma prepared nurses to upgrade to the baccalaureate level. Although the increased demand for post-basic degree placements (Shantz, 1985) reflects an important source of support for baccalaureate preparation, the post-basic baccalaureate degree does not directly facilitate the new educational standard because licensure to practice is obtained prior to the degree (Richardson, 1988).

In nine out of ten provinces, generic baccalaureate nursing programs coexist with one or more varieties of diploma nursing programs. Depending on the province, diploma nursing programs may be situated in community colleges, technical institutes, hospitals, or in free-standing independent schools (Richardson, 1988). However, despite the variations in the type and length of prelicensure programs, all graduates are expected to pass the same national licensure examination; and, usually begin their nursing careers in the same kinds of practice environments which often lack differential salary structures or clearly articulated differences in work expectations. These factors encourage the belief there is no difference in nurses prepared in the various levels.

The presence of two, three, and four year programs all leading to the same credentialing has been a liability which has slowed progress to baccalaureate entry to practice. According to figures released by Statistics Canada (1990), in 1988 there were 110 diploma nursing programs and 22 generic baccalaureate nursing programs in Canada, and only 1,228, or 15 percent of the 8,209 graduates of prelicensure nursing programs, had baccalaureate preparation. Within the province of Alberta there are 13 nursing education programs which prepare individuals for entry into practice. Of these programs, eleven are diploma and two are generic baccalaureate. In 1987, only 16 percent of Alberta's 1016 enrollees in nursing education programs leading to entry into practice entered baccalaureate programs, and only 13 percent of 1025 graduates of nursing programs leading to entry into practice held baccalaureate degrees. In more dramatic terms, 87 percent of all graduates entered nursing practice from diploma programs (Alberta Advanced Education, 1987). Additionally, enrollment quotas of Alberta's two generic baccalaureate programs allow no more than 180 students to be admitted annually. These statistics suggest that in order for the new educational standard to be realized within the next decade, a major change in emphasis and support from the diploma to the degree undergraduate programs must occur.

The need for nursing education to adjust its focus and direction comes at a time when both the educational and health care delivery systems are experiencing marked fiscal

restraint (Shantz, 1985; Richardson 1988). Governments and universities have been reluctant to commit funding for developing new programs or expanding existing ones. Additionally, the provincial governments in Alberta and Ontario, and the nursing unions in Alberta, British Columbia, Ontario and New Brunswick have recently voiced public concern about the entry to practice position. Provincial governments have questioned the demonstrated need for baccalaureate nursing preparation, and are concerned this goal could have adverse effects on health care and educational costs and on maintaining an adequate supply of nurses. Nursing unions oppose the implementation of baccalaureate entry to practice because they are concerned about reduced career mobility and employment opportunities for their predominantly diploma educated membership (Sands, 1987; Steven, 1987; Richardson & Sherwood, 1988; Richardson, 1988). To date, there has been no legislation passed to formally enact baccalaureate entry to practice; however, most provincial nursing associations continue to promote the goal.

Against this backdrop, the baccalaureate entry to practice position has two significant implications for nursing education. First, by the turn of the century, faculties of university schools of nursing may acquire the exclusive role of preparing registered nurses in Canada. University-based programs will be confronted with a vast influx of students, far exceeding their present capacities or capabilities (CNA, 1982). Secondly, the contribution and future role of diploma programs will have to be reconsidered. Originally designed as programs complete within themselves, it is not clear what, if any, role these schools should have in the future education of nursing (Bullough, 1979; Gallop, 1984). With the profession supporting the baccalaureate degree for entry into practice, nursing leaders in diploma programs are faced with many decisions. Options include continuing support for diploma education (even in the face of increasing professional non-support); restructuring programs to form free-standing baccalaureate programs; closing the schools; or collaborating with universities for students to receive baccalaureate degrees (Dittambl & Porter, 1985).

As a result of these developments the onus is on the nursing profession, in particular nursing education, to explore alternative strategies that will assist in arriving at solutions. Further, plans for change of any nature need to be developed within the context of social, political, and economic issues of the time. The strategic plan for implementation of the entry to practice position must consider these variables as well as the many groups and organizations that will be affected in some way by the change.

The Problem

To implement the new educational standard two orientations predominate: the phasing out of diploma programs in favor of baccalaureate programs; and the growth of diploma-baccalaureate collaboratively designed programs which allow diploma programs to build on the accomplishments of their program (Staff, 1990a). Although some individuals may support the closure of diploma programs, the reality in all Canadian provinces is that diploma programs remain a viable alternative for students seeking education in nursing. In commenting on this problem, Richardson (1988) contends:

The educational, financial and political reality in Alberta, and in all Canadian provinces, is that diploma nursing programs not only presently exist, but each year continue to prepare a significant proportion of nurses eligible for licensure. Diploma nursing programs are neither likely to gradually 'fade away' from a deficit of applicants, nor are the provincial governments who fund them likely to 'legislate them out of existence', in the foreseeable future . . . Provincial governments fund all nursing education and are cognizant that, from a labour supply point of view, diploma nurses enter the labour force in half the time required by generic baccalaureate nurses and possibly at less cost (p. 9-10).

Richardson (1988) believes that in a time marked by dramatically reduced financial resources for education, and, given the lack of government intention to withdraw financial or other support from diploma programs, the exploration of alternative approaches to achieving the baccalaureate in nursing are valid and necessary. Further, she suggests articulated or collaborative baccalaureate programming may be one pragmatic solution of working toward the entry to practice goal in Alberta because its post-

secondary system has been planned and developed to facilitate transfer of credit between colleges and universities.

Collaborative Arrangements Among Schools of Nursing

Many names have been given to collaborative educational arrangements. *Merger* implies two entirely separate organizations joining to become a new entity. *Partnership* or *cooperative agreement* expresses the intent of many programs. The term *partnership* implies a contractual arrangement, but is not specific with respect to a sequence of educational experience (O'Dea, 1984).

Consortia is a term describing collaborative efforts that have varied in complexity from single-purpose arrangements, such as cross-campus registration, to multi-purpose associations. When these academic arrangements have involved three or more institutions, they have been commonly referred to as consortia. Consortia are voluntary by definition and vary in structure according to the needs of the organizing schools.

The term *articulation* may refer to a variety of collaborative arrangements between diploma nursing programs and universities. In general, it conveys the meaning of joining together separate items to form a new whole (Shantz, 1985). The ideas of 'jointness', 'connectedness', 'interrelationship', 'interlocking' and 'dovetailing' are inherent in articulation arrangements. As a process, it encompasses such concepts as coordination, cooperation, collaboration and mutual acceptance.

In nursing education, articulation has been operationalized into two primary approaches: 1) the more traditional approach of '*two plus two*' educational programming where 'block or blanket' credit is awarded for previous nursing education (ie., a nursing diploma is given credit or advanced standing for two years of a baccalaureate degree in nursing); and 2) the more recently evolved approach of '*collaborative*' or '*decentralized*' baccalaureate programming where diploma programming is replaced with university transfer programming. Inherent in collaborative programming is the notion that diploma

programs could become directly affiliated with universities and serve as off-campus or satellite locations for decentralized baccalaureate programs. Although a number of models are possible, the aim of these arrangements is to retain the strengths and resources of diploma education while designing a legitimate role for the arrangements in higher education (Dittambl & Porter, 1985).

Fundamental to the concept of articulated baccalaureate programming is the transfer of academic credit. In Alberta where inter-institutional transferability is well established, a broad interpretation of articulation opens up many programming possibilities. As a result, Alberta nurse educators have been in the vanguard of this movement.

Historically, the concept of nursing program articulation has been endorsed by the Alberta Association of Registered Nurses (1979, 1984, 1985), and by the Government of Alberta (1977, 1983). Support for articulated baccalaureate programming has also been studied on a national level by Shantz (1985), and at the provincial level in Alberta by Richardson (1988). However, in both of these doctoral dissertations only the perceptions of major stakeholders were obtained. No published Canadian studies were found on the perceptions of rank-and-file diploma and baccalaureate nurse educators, who ultimately have the responsibility for developing and implementing a curriculum plan supportive of a collaborative program.

Currently in Alberta, there are four collaborative projects at various stages of development, two of which are situated in southern Alberta. As both of these projects are in the planning stages of developing a collaborative baccalaureate program, a unique opportunity exists to collectively identify the forces which may be influencing the development of such a program. Since schools of nursing are given broad opportunities for designing innovative curriculum, and since any change in traditional curriculum patterns will be the result of effort by school of nursing faculty, it appeared beneficial to discern the views of nurse educators towards the concept of collaborative baccalaureate

programming in anticipation that this information will be useful to the ongoing change process. This study will conduct such an investigation.

Purpose of the Study

If nursing leaders are to be successful in developing and maintaining collaborative arrangements, they need to know more about the dynamics inherent in moving toward a collaborative program. Therefore, the purpose of this study is to examine the perceptions of southern Alberta nurse educators regarding the concept of collaborative programming as one way of working towards baccalaureate entry into nursing practice (EP 2000). Specifically, the following investigative questions were formulated to guide the study:

1. To what extent do nurse educators support the EP 2000 mandate, and why do they hold these views?
2. To what extent do nurse educators support the concept of collaborative programming, and why do they hold these views?
3. What programming alternatives in nursing education do nurse educators perceive as desirable for working towards baccalaureate entry into practice?
4. What are the perceived barriers and facilitators to developing a collaborative program?
5. What factors may influence a nurse educators' perception of collaborative programming?

Limitations

This study was limited by the following factors:

1. Only diploma and baccalaureate nursing education programs in southern Alberta were included.
2. Only full-time faculty involved in teaching or administration at the diploma or baccalaureate level were included.
3. The study excluded factors relating to specific curriculum design, implementation and evaluation methodology.
4. The study was limited by the nature of the data obtained by a survey questionnaire.

This study considers a change situation which is currently in process and where the final outcomes are unknown. Since perceptions are subject to change, the obtained data is applicable only to a specific point in time. Additionally, in the absence of abundant empirical evidence which would support the direction and nature of appropriate educational change, this study reflects a pro-baccalaureate bias on the part of the researcher. In view of the research questions and focus, a pro-baccalaureate bias is believed to be inevitable.

Assumptions

The initiation and design of the present study was guided by the following assumptions about nursing education. These beliefs underscore the importance of provoking achievement of the Entry to Practice positions and the incentive to work on programming alternatives. The researcher assumed that:

1. The Entry to Practice positions are tenable.
2. The Entry to Practice positions and goals will have a strong impact on the long range planning activities of baccalaureate and diploma nursing programs.
3. Perceptions of nurse educators are important and valid sources of data for determining future change initiatives and solutions.
4. Perceptions of nurse educators will influence the development of curriculum innovations, such as collaborative baccalaureate programs.
5. Without planned educational change, there will continue to be barriers to the efficient, forward progress of the Entry to Practice goals.
6. The instrument for determining the perceptions of nurse educators was valid for the stated purposes of this study.

Definitions

For the purpose of this study the following terms were operationally defined:

Articulation: a concept which implies a degree of joining together of separate items to form a new whole (Shantz, 1985, p. 14). In nursing education, this concept has been operationalized into two primary approaches: 1) the more traditional approach of 'two

plus two' educational programming where 'block or blanket' credit is awarded for previous education (ie., a nursing diploma is given credit or advanced standing for two years of a baccalaureate degree in nursing); and, 2) the more recent approach of 'collaborative' or 'decentralized' baccalaureate programming where diploma programming is replaced with university transfer programming. Although the term articulation has been used extensively throughout the nursing literature to refer to a variety of educational agreements between diploma and baccalaureate programs, a recent preference in the nursing community is to use the term 'collaborative' to describe those models which are jointly planned. Therefore, the term collaborative will be used except where it is necessary to preserve the original intent and meaning of the literature.

Collaborative Programming: the multi-dimensional process by which autonomous institutions involved in different levels of nursing education jointly develop and implement a baccalaureate program in nursing. Inherent in this definition is the notion that diploma programs could become directly affiliated with universities and serve as off-campus or satellite locations for decentralized baccalaureate programs.

Basic Nursing Education: a program of study that prepares a candidate to apply for initial registration or licensure as a professional nurse (CNA, 1978). It may be diploma or baccalaureate in nature:

- a) Diploma Nursing Program: "A nursing education program sponsored either by a community college, hospital, technical or independent school, which is at least 88 weeks in length, prepares candidates to write the Canadian Nurses' Association Testing Service examination and leads to a diploma in nursing and entry into nursing practice" (Richardson, 1988, p. 26).
- b) Generic (or Basic) Baccalaureate Nursing Program: "A nursing education program sponsored by a university or degree granting institution, which is approximately four academic years in length, prepares candidates to write the Canadian Nurses' Association Testing Service examination and leads to a baccalaureate degree in nursing and entry into nursing practice" (Richardson, 1988, p. 26).

Post-basic (or Post-RN) Nursing Education: a program of study sponsored by a

university or degree granting institution, which is approximately two years in length and offered to diploma prepared registered nurses to earn a baccalaureate degree in nursing.

EP 2000: an expression used to refer to the Entry to Practice position statements of the AARN (1979) and CNA (1982), that by the year 2000, the minimal educational requirement for entry into the practice of nursing should be the successful completion of a baccalaureate in nursing. The premise of the Entry to Practice position is that competency in nursing will take longer and will require more breadth and depth of study in the future, hence the desire for the advancement of basic preparation for nurses from diploma to baccalaureate before attempting licensure.

Nurse Faculty: full-time nurse educators who are responsible for teaching or administration in either a diploma or baccalaureate nursing program.

Perception: a unitary process of sensing and finding meaning, and the interpretation of these sensations. Interpretation is influenced by the inner psychological field of the person, that is, an individual's particular character, motivation, and cognitive structure (Lewin, 1951, p. 57).

Strategic Planning: a conscious, deliberate, and usually collaborative effort to address a precise problem or a set of problems at a specific period in time. It involves inventing a future, and creating conditions and resources for realizing that future (Donley, 1987; Farley, 1987; Lippitt, 1982).

System of Nursing Education: the educational arrangement of curricula and of nursing schools in which students are prepared for nursing. This includes diploma programs, and post-basic and generic baccalaureate programs.

Significance of the Study

There is limited research focused on collaborative programming as a potential method of working toward EP 2000, and none was found which focused on the extent to

which diploma and baccalaureate nurse educators accept or reject the idea of a collaboratively designed baccalaureate program. It seems likely, therefore, that our notions of the change dynamics related to collaborative programming are only partially descriptive. A study of this nature should help to ameliorate this deficiency.

A review of relevant sources also confirmed that collaborative baccalaureate programming is moving from the conceptual phase to implementation. Thus far, one pilot project has occurred in Alberta, and educational institutions in Edmonton, Calgary, Red Deer, Lethbridge, and Medicine Hat are beginning to initiate the process. Although some of these inter-institutional efforts are being described as 'articulated' or 'joint ventures', the process could be termed collaborative as operationally defined in this study. Therefore, research related to the issue at hand seemed timely and appropriate.

Incorporating the concept of a collaboratively designed baccalaureate program into the system of nursing education will require significant change at the individual faculty level and in the relationships between institutions. Issues relating to program development and autonomy will require a compromise that identifies a common ground that is acceptable to everyone. This compromise will involve inter-institutional negotiation of conflicts in philosophies, interests, territoriality, goals, beliefs, and perhaps even institutional survival issues (Rapson, 1987, p. 86). As such, collaborative programming is as much a political issue as a curricular one (Richardson, 1988), and like all major curriculum innovations will be influenced in varying ways by the beliefs and perceptions of nursing faculty.

It is important that these beliefs and perceptions be explored because it will help to examine the nature of the innovation itself, and whether or not the plan is clearly understood. It will also help to identify indicators of acceptability and those problems likely to be encountered when such a curriculum change is introduced. Identification of the problems should serve as a requisite step in alleviating them.

This study was designed in an effort to understand the affective environment existing

in nursing education which will influence decision-making in relation to the provision of an collaborative baccalaureate program. An investigation of this nature should be of use to those individuals charged with the responsibility for developing and implementing a curriculum design which incorporates the concept of collaborative programming. Further, the compiled information should be of assistance to regional planners as they clarify potential solutions to the problems in planning for collaborative programs within the nursing system. Lastly, this study may have particular relevance if Alberta nurse educators could develop a resource driven, inter-institutional, collaborative model of education. Achieving provincial government approval of baccalaureate entry to practice could move one step closer to reality.

Organization of the Study

This study is presented in a thesis of five chapters. In Chapter I the essence of the study was described, the purpose and problem identified, and the organization of the study outlined. In addition, significant terminology was operationally defined, and the limitations of the study were delineated.

Chapter II includes a review of the literature pertinent to nursing education in Alberta, collaborative programming, and educational change.

Chapter III contains a detailed description of the study design including development of the instrument, sample selection, and statistical methods and procedures that were employed in the collection and analysis of data.

Chapter IV presents the data gathered from the respondents. Chapter V includes a summary and discussion of the findings and recommendations.

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to summarize literature relevant to the concept of collaborative programming in nursing education. The first section describes the place and setting of nursing education in the post-secondary system of education in Canada. Aspects which facilitate program articulation and collaborative programming are emphasized. An historical and current overview of articulation and collaborative efforts in Alberta is then presented. Subsequent sections include a review of Canadian and American studies on articulation which have implications for the design of this study. The last two sections of this review relate collaborative programming to the broader context of educational change, and discusses the importance of the faculty role in curriculum innovations. To preserve the original intent and meaning of the literature reviewed, the term articulation has been retained where appropriate.

Nursing Education in Canada

In all provinces, nursing education is a component of the larger provincial post-secondary system. Shantz (1985) has developed three categorizations to describe the overall structure of provincial post-secondary education and the resultant inter-institutional transfer of academic credit. Shantz's descriptions are relevant to this study as the transfer of academic credit is fundamental to any conceptualization of articulated or collaborative baccalaureate programming.

Shantz (1985) has classified the post-secondary systems as unitary, binary, or ternary. The unitary system, found only in Quebec, is a four-tiered educational system comprised of primary and secondary schools, the community colleges, Colleges d'Enseignement General et Professionnel (CEGEPs), and the universities. The CEGEPs provide both university transfer courses and terminal technical/vocational courses. There are forty-two

diploma nursing programs in the CEGEPs, and all hospital nursing programs were phased out in 1972. Students entering Quebec's university degree nursing programs may do so either after completing their beginning general education courses in the CEGEP system, or after the completion of a diploma nursing program offered by the CEGEPs. Three years of university study are required for a basic or generic baccalaureate degree in nursing (Shantz, 1985, pp. 94-95).

The binary system of post-secondary education is found in the Atlantic provinces, Manitoba and Ontario. It is characterized by the separation of universities into one sector and non-universities in another. These sectors operate independently from each other. For example, in Ontario, the Colleges of Applied Arts and Technology (CAATs) provide non-university education and there is virtually no transfer of credit between the CAATs and Ontario universities. Except for Ryerson Polytechnical Institute, all Ontario diploma nursing programs are centered in the CAATs. Although each province has one or more institutions operating outside of this model; like the colleges, these institutions do not offer transfer credits to the universities (Shantz, 1985, pp. 91-92).

The ternary system of post-secondary education is found in Alberta, Saskatchewan, and British Columbia. It is comprised of three overlapping components: universities, technical/vocational institutes and colleges. It has been called by Worth (in Shantz, 1985) a 'combined development model' that allows for differentiation but also coordination. It is based on the assumption that students should be able to move through the components with as few deterrents as possible. Both 'course by course' credit as well as 'block or blanket' transfers of credit are mechanisms used to facilitate this movement. Transfer of credit is coordinated in British Columbia by the Articulation Committee and, in Alberta, by the Council on Admissions and Transfer. These are the only two Canadian provinces which have a provincial system of evaluating academic credit between post-secondary institutions. In other provinces, credit assessment is done on an individual institution basis (Shantz, 1985, pp. 92-94).

Both Shantz (1985) and Richardson (1986; 1988) agree that in several Canadian provinces it is theoretically and practically possible to design college nursing programs that articulate with baccalaureate nursing programs. Most notably, in the provinces of British Columbia and Alberta, the post-secondary systems have been planned and developed to facilitate transfer of credit between colleges and universities. In these provinces, where inter-institutional transferability already exists, a broad interpretation of articulation opens up many programming possibilities (Richardson, 1986, 1988; Shantz, 1985).

Nursing Education in Alberta

Alberta has a total of eleven diploma nursing programs, two generic baccalaureate programs, three post-RN baccalaureate programs, and two supplementary programs which permit registered psychiatric nurses to upgrade to registered nurse status. Of the eleven diploma programs, four are hospital based and seven are college based.

Generic baccalaureate nursing education is offered at both the University of Alberta and the University of Calgary. Post-RN baccalaureate education is offered at the University of Alberta, University of Calgary and the University of Lethbridge. Each of these universities also has outreach programs which offer post-RN courses at various locations throughout the province. Additionally, Athabasca University has been granted permission and funding from the Minister of Advanced Education for the development and delivery of a complete Post-RN Bachelor of Nursing degree through distance education. This program will officially open in September 1990, but currently nurses are able to register for many required courses that are presently in place (Carey, 1989).

As mentioned previously, the existing structure of Alberta's post-secondary system facilitates program articulation. Specifically, the Alberta Council on Admissions and Transfers (ACAT) coordinates transfer of credit between post-secondary institutions, and all community colleges offer courses that are transferable for credit to Alberta universities. This feature presently allows diploma prepared graduates to progress to post-RN baccalaureate degree programs without loss of time or academic credit.

Articulation in Alberta

Two Forms of Program Articulation

Nursing program articulation presently exists in Alberta in two primary forms: the 'two plus two' approach where 'block or blanket' credit is awarded for previous nursing education (ie., a nursing diploma is given credit or advanced standing for two years of a baccalaureate degree in nursing); and, the collaborative approach which incorporates the notions of 'decentralized' or 'replacement programming'. In distinguishing between the two approaches, Richardson (1986, p. 56) noted:

. . . articulated baccalaureate nursing education need not be synonymous with the so-called 'two plus two' approach that is philosophically opposed by many university nursing faculty. Replacing diploma programming with university transfer programming constitutes a broader approach to articulation. Replacement programming is a significantly different way of thinking about articulation as no diploma exit is involved; that is to say, the first two years do not stand alone as a distinct and complete program and there is no 'graduate' to receive a diploma or enter nursing practice.

Another unique and differentiating feature of the collaborative approach is its potential for downward planning. Stevens (1981) distinguishes between downward planning and upward planning, noting that in upward planning the baccalaureate program adapts to lower-level curricula. Although this mechanism allows for registered nursing students to enter baccalaureate programs, the quality and integrity of the baccalaureate program may be compromised. For example, Stevens noted that since not all diploma programs are alike in terms of content and level of presentation, it is difficult to modify a higher-level program if it accepts graduates from more than one lower-level school. Additionally, when dominant curricular threads do not match, it is difficult to determine appropriate student placement. Students from the lower-level program may have had bits and pieces, but not totalities, of any given component of study from the higher-level program. In this context, the post-RN baccalaureate programs are upward planned, with the two year programs at the university planned around the elements of baccalaureate education that are missing in a diploma program. Criticism of this practice has been widespread in the United States and somewhat sporadic in Canada (Gataint, 1984).

In contrast, the focus of downward planned articulation is on what can be done in the lower-level program to prepare the student for advancement to the higher-level program. Stevens (1981) considers this approach to allow for more rational curriculum planning. Its advantages include “avoiding superficial levels of information in early programs, espousing antithetical philosophies, and admitting students to lower programs who are incapable of higher-level advancement (Stevens, 1981, p. 705)”. Hence, the decentralized portion of a program becomes an integral part of the whole, and the total program is planned in relation to the desired program outcomes.

Historical Perspective

Alberta is the only Canadian province with a history of government and professional nursing association support for nursing program articulation (Richardson, 1988, p. 91). This section provides a chronological overview of that development. It also traces the transition when ‘collaborative’ became the preferred term in Alberta to describe inter-institutional efforts aimed at increasing baccalaureate programming.

In 1975, *The Alberta Task Force on Nursing Education*, under the auspices of Alberta Advanced Education and Manpower, made the first public recommendation in Canada that entry to practice for nursing be at a baccalaureate level (Government of Alberta, 1975). To facilitate the educational process required by such a position, the Task Force recommended the development of a phased-in articulated baccalaureate program (1975; p. xiii). This articulation “was not considered to be between two distinct programs, but rather to be an intra-program articulation” (Shantz, 1985, p. 229). The articulated program was defined to be “an undergraduate nursing program planned jointly between a non-university faculty and a university faculty in such a sequence as to provide for opportunities for entry, exit, and re-entry with maximum ease without excessive loss of time or academic credit” (p. xiii). The Task Force proposed a broad framework for the curriculum which included the use of clinical modules to be phased in over a fifteen year period. The first ten years, would allow the revised program to be established, and

graduates could exit the programs and still qualify for nurse registration. From 1985 to 1990, the student would be required to complete an increasing number of modules prior to exiting the program. After 1985, the non-university portion of the program would be considered the decentralized portion of the baccalaureate program and no longer a separate diploma program. By 1990, the complete program would be required thus making baccalaureate entry to practice a reality. The Task Force considered the establishment of academic credit transferability essential to the development of a decentralized program, and recommended this be done via the existing Provincial Council on Admissions and Transfers (p. 117).

The Task Force Report provided some different perspectives for thinking about the concept of articulation. Specifically, it incorporated a joint planning approach between university and non-university programs; it followed the principle of downward curriculum planning; it utilized existing resources in a variety of locations; and, it provided a way to maintain accessibility to nursing programs through a satellite campus approach (Shantz, 1985). These perspectives constitute a broad interpretation of articulation, and have influenced the operational definition of 'collaborative programming' as used in this study.

In 1977, the Alberta government identified thirteen issues related to nursing education in its policy document entitled *Position Paper on Nursing Education: Principles and Issues*. The fifth issue was titled "Articulation of Various Programs Training Professional Nurses". Under this title the following two directives were provided as requiring action for nursing education:

- 5.1 A detailed plan for achieving articulation and transferability within nursing education programs must be developed by educational institutions and relevant groups.
- 5.2 The articulation of nursing education with other health-care education programs must be developed to facilitate the transfer of students among such programs (p. 6).

These directives clearly endorse the concepts of nursing program articulation, and career and educational mobility. However, the position paper of the Alberta government

repudiated the recommendation of the *Report of the Alberta Task Force on Nursing Education* that the minimum educational preparation for professional nursing be the baccalaureate (1975, p. 114). The position paper of the Alberta government stated:

Baccalaureate education is recognized as being desirable for an increased number of practicing nurses. However, until further [sic] study and discussions clarify the scope of nursing duties, the Government does not agree with making the baccalaureate degree a mandatory requirement for practice (1977; p. 6).

Despite the provincial governments' stated opposition, the AARN continued to reaffirm the Association's commitment to baccalaureate entry to practice in its 1979 *Position Statement on Baccalaureate Education for Nurses*. In this document, the AARN specifically stated that it would "together with universities and the existing diploma programs . . . develop plans to offer articulated baccalaureate nursing programs (p. 4)".

In 1981, a feasibility study was conducted regarding possible ways to articulate the diploma program offered by the University of Alberta Hospitals with the basic four-year baccalaureate program offered by the University of Alberta (Interpresidential Committee of University Hospitals and University of Alberta, 1981). Five project objectives were identified in the study design:

1. To examine the concept of articulation and to delineate various approaches to the articulation of educational programs.
2. To study the experience of other institutions which have entered into articulation arrangements, especially institutions offering programs for the preparation of nurses.
3. To identify alternative courses of action that might be followed in this particular setting to achieve articulation of the School and the Faculty.
4. To test the feasibility of these possible courses of action.
5. To develop a plan for the implementation of the preferred courses of action (pp. 3-4).

Articulation plans were to be based on the following assumptions: each institution would retain their separate identities; job security of diploma staff would be assured; and the plan would be able to at least maintain the present quality of the educational process

and able to increase both the total numbers of graduating nurses entering practice and the numbers of nurses with baccalaureate preparation (pp. 4-5).

A major recommendation of the study was that a third program route be created to the baccalaureate degree in nursing in addition to its existing basic and post-RN programs. This third route would be jointly developed, implemented and managed by the University Faculty of Nursing and the Hospitals School of Nursing, and would be available only to students admitted simultaneously to the Faculty and the School (p. 57). Further, it was envisioned that the relationship between the two institutions would be based upon a consortium model of organization and follow the principle of mutuality. Mutuality was referred to as the development of shared goals based on equal influence, mutual support, and trust (p. 54); and, a consortium as autonomous organizations sharing “resources of knowledge, skills, experience, money and facilities to address a larger goal which no single organization could easily achieve on its own (p. 56)”.

In addition to outlining possible articulation arrangements, the feasibility study also included: proposed courses of action; a time line for the implementation of the recommendations; and staff, space, learning resources, budgetary and clinical requirements. However, the third route proposal to the baccalaureate failed to gain the support of faculty members and articulation was not pursued. No reasons were cited in the original report as to why faculty did not support the articulation project.

Richardson, a nurse researcher and author of several articles on articulation and baccalaureate entry to nursing practice (1986a, 1986b, 1988, 1989a, 1989b, 1989c; Richardson & Sherwood, 1988), was a member of the University of Alberta's Ad Hoc Articulation Committee at the time of the 1980-1981 Articulation Project. In her historical analysis of articulation as a public policy issue (1988), she noted:

Lack of ongoing information about the Project, coupled with tension associated with a major undergraduate curricular revision begun in 1978, likely predisposed to faculty antagonism to the proposed third route when it was finally unveiled in May, 1981. Additionally, from July, 1980 until July, 1982, the Faculty of Nursing was led by acting deans, none of whom had been involved in the 1980-1981 Articulation Project (p. 105).

In her view, “organizational drift” . . . and “inopportune timing” likely contributed to the “speedy demise” of the third route proposal (pp. 105-106).

In 1983, the *Final Report of the Nursing Manpower and Education Implementation Committee* was published. This Committee was established by the Minister of Advanced Education “to advise and make recommendations to Government in the areas of nursing manpower, nursing education and nursing research” (p. i). The Committee noted that few opportunities were available within the current system to facilitate the movement of individuals through the various levels of nursing education, and made numerous recommendations. Among them are two related to this discussion:

2. (a) That a further increase in the enrolment quotas for both the generic and post-basic baccalaureate programs should be instituted in an effort to accommodate more students wishing to acquire baccalaureate preparation. It should be recognized that for this to be achieved resources will have to be made available.
- (b) That the delivery method for the baccalaureate programs increasingly take into consideration the needs of adult learners and the regional nature of the province.
- (c) That discussions promoting the articulation of nursing education programs at all levels should continue to be encouraged.
- (d) That a pilot project from the diploma nursing level to the baccalaureate nursing level be implemented.
3. That transfer of credit for speciality and certificate courses or programs toward university credit at either the baccalaureate or graduate level should be formalized through the Alberta Council on Admissions and Transfers (Government of Alberta, 1983, pp. 87-88).

Additionally, the Committee identified five methods which could be used to facilitate student movement between programs. These methods were: (1) common courses; (2) advanced standing; (3) challenge exams; (4) credit for work experience; and (5) bridging to accommodate program differences (pp. 91-92).

The Committee also acknowledged in its report the professional nursing associations’ position requiring baccalaureate entry to practice by the year 2000. The Committee noted

this position “would ultimately affect all levels of nursing education and practice”, and that, “ an established articulation structure would enable the educational and service sectors to respond to an official change in entry to practice requirements at the time the provincial government is prepared to implement this position” (p. 94).

Partly as a result of the 1983 Committee recommendation for pilot projects on nursing articulation, and the growing interest of nursing institutions in exploring program integration, a pilot articulation project was funded in 1983 by Alberta Advanced Education for a two year period. The pilot project involved the degree nursing program at the University of Calgary, the college based diploma program at Mount Royal College and the hospital based diploma program of the Foothills Hospital School of Nursing (University of Calgary, 1985, p. v).

The goal of the project “included studying the feasibility of articulation through existing mechanisms as one means of achieving and increasing the proportion of actively registered nurses in Alberta with educational preparation at the baccalaureate level” (p. v). The conceptual definition of articulation for this project was:

An articulated baccalaureate program is an undergraduate nursing program planned jointly between a University Faculty and two non-University Faculties in such a sequence as to provide opportunities for the student/graduate for entry, exit and re-entry with maximum ease without excessive loss of time or academic credit (p. v).

Further, “this definition was operationalized for the project in the form of course assessments for transfer credit based on the existing structure for post-secondary inter-institutional transfer in Alberta” (p. v).

Using a criterion-referenced method of evaluation, a comparison was made between the baccalaureate program and each of the two diploma programs. Comparisons were made in program philosophies and objectives, nursing courses, non-nursing courses, grading policies, admission criteria and faculty educational qualifications. The analysis of nursing courses involved critical comparison of content, resource materials, teaching methods, and time allocation for classroom, laboratory and clinical learning experiences.

At each step, data was cross validated by the faculties of each of the programs. On the basis of the above findings, it was determined that articulation was feasible at the end of year one, but not at the end of year two, for either program. Subsequently, a pilot group of five students from the Foothills Hospital was admitted by articulation during the summer session of 1985. These students successfully completed a required science course in which they were deemed deficient, and a non-credit nursing course designed to 'bridge' the gap between programs and to provide an orientation to the baccalaureate program.

The pilot project was determined successful in terms of developing a prototype model for assessing comparability between diploma and generic baccalaureate nursing programs. It also identified a process for students from one educational program to enter a different program without excessive loss of time or academic credit, while maintaining the integrity of the upper-level program. Although the process was shown to be "technically possible and educationally feasible", it was not considered cost-effective given existing enrollment constraints on the generic baccalaureate program (p. 33). For this project, places for articulating students were dependent on attrition from the first year of the baccalaureate program. The final report concluded with the following recommendation: "Alternative approaches to inter-institutional collaboration and credit transfer warrant comparable careful examination as potential avenues for increased access to baccalaureate education in nursing in Alberta" (University of Calgary, 1985, p. ix). The University of Calgary pilot project appears to be the only completed attempt in Canada to articulate two different levels of nursing programs through downward planning (Richardson, 1988; Shantz, 1985).

In 1985, the AARN published a report entitled *Educational Preparation for Provincial Nursing Practice: An Action Plan for 1985-2000* (AARN, 1985). The purpose of this report was to describe the objectives and strategies necessary to obtain the EP 2000 goal. To encourage the establishment of articulation mechanisms the AARN recommended that: (1) diploma programs investigate work towards the feasibility of

articulation with university programs; (2) Athabasca University increase their nursing course offerings; and (3) university faculties of nursing provide and/or expand their off-course offerings. The strategies identified to obtain these broad goals included: (1) preparing a brief on the concept of articulation and the status of articulation between baccalaureate and diploma programs; (2) host exploratory meetings with representation from each diploma program and university program with the purpose of gaining some agreement on the concept of articulation and its future status in Alberta; and (3) submit the brief for formal review and discussion in the departments of Advanced Education, Hospitals & Medical Care, and Social Services & Community Health (AARN, 1985). Also during 1985, a Project Director was appointed for a two year term to coordinate the activities of the 1985 Action plan. Hiring by the AARN of a Project Director, full-time, to oversee the Association's 1985 Action Plan, is a first in Canada (Richardson, 1986a).

In 1987, the AARN approved two new "working documents" respectively entitled *Entry to Practice 2000: An Action Plan for 1987-2000* and *Entry to Practice 2000 - Impact on Diploma Prepared Nurses- An Action Plan for 1987-2000*.

In the Executive Summary which prefaces the 1987 Action Plan, it acknowledges this document as a revision of the original 1985 Action Plan. Specifically, it stated:

A concern with the original document was the difficulty in separating the goal of future educational preparation for nursing practice from the concerns of our current membership in accessing post-basic baccalaureate education. To make the separation clear, all references to post-basic baccalaureate education were removed from the Action Plan. Refinements have also been made to ensure that the marketing of the educational change and the management of that change are identified (n.p.).

The following statement also appeared in the Executive Summary:

An objective critical to the realization of baccalaureate entry to practice is the orderly amendment of Regulations Governing Schools of Nursing in the Province of Alberta. This amendment must ensure that only schools offering a baccalaureate degree in nursing, are eligible for approval by the Alberta Universities Coordinating Council. This amendment must occur prior to the year 1996 (n.p.).

The 1987 Action Plan is prioritized both by objective, and by strategies related to each objective. Although the 1987 Action Plan specifically states it "is not limited to the

strategies identified”, this document is very different in terms of direction and focus from the original 1985 Action Plan. Whereas the 1985 Action Plan focused almost exclusively on educational programming activities to achieve the Association’s goal of baccalaureate entry to practice, the 1987 Action Plan focuses more on the political process of marketing the goal to its membership and stakeholder groups (Richardson, 1988).

Richardson (1988) has identified several inconsistencies within the Association’s official policy statements on nursing program articulation. Specifically, she noted the tendency of current documents to downplay the existing nursing education system structure, the deletion of the term articulation from three AARN policy documents on baccalaureate entry into practice since 1985, and the confusion over how the term articulation was employed by the Association. To clarify these concerns, Richardson (1988) interviewed senior AARN staff in July 1987. Richardson was informed that although the Association had not withdrawn support for the concept of articulation, it did not endorse the ‘two plus two’ model in which baccalaureate programming ‘builds’ on diploma programming (1988, p. 118). Additionally, senior AARN staff “indicated that articulation had become an outmoded term and that the term ‘collaboration’ was being used to describe inter-institutional efforts aimed at increasing baccalaureate programming” (Richardson, 1988, p. 125). Although Richardson acknowledged the current tendency to use the term ‘collaborative’, she concluded that “emerging approaches to collaborative programming reflect an evolving concept of articulation” (p. 233).

From the preceeding historical overview, it is evident that the AARN has actively promoted the baccalaureate entry to practice position and nursing program articulation. The Alberta Government has also promoted nursing program articulation but for a very different reason. Whereas the AARN has promoted articulation as a mechanism for achieving baccalaureate entry to practice, the Alberta Government has endorsed nursing program articulation as a mechanism to facilitate career progression and to maintain an

adequate supply of health care workers. Additionally, the Alberta Government specifically stated in 1977, and 1987, that it did not endorse baccalaureate entry to practice.

From the preceding discussion, it is also evident that the term 'articulation' has been used to describe a variety of educational arrangements between diploma nursing programs and universities. Additionally, the late-1980s appear to be the transition period when the term 'collaborative' became the preferred term to describe inter-institutional baccalaureate programming in Alberta.

Current Collaborative Projects in Alberta

A search of nursing literature revealed four collaborative projects in various stages of development in Alberta. In comparison to other provinces, Alberta nurse educators have been in the vanguard of this movement.

The three nursing programs in Calgary -- The University of Calgary, Foothills Hospital School of Nursing, and Mount Royal College -- are currently involved in a collaborative planning project for a joint baccalaureate nursing degree program. Approval to proceed with this project has been provided by the senior administration of the three educational institutions. Additionally, the planning of the project has received funding from Alberta Advanced Education. It is planned that a program proposal will be submitted to the Presidents of the three educational institutions in June 1990.

According to an information statement released by the Steering Committee of the Collaborative Planning Project, the project is based on a 'joint venture' concept in which each of the three equal partners will participate in the achievement of the common goal to provide baccalaureate nursing education in Calgary. It is anticipated that the proposed joint baccalaureate program will allow for the most effective use of faculty, clinical, physical, and financial resources of the three Calgary nursing programs and, will be designed so that various curriculum components will be offered on each of the three existing program sites (AARN Newsletter, December, 1989, p. 11).

The Task Force for Collaborative Nursing Education Models, Edmonton, has developed a Collaborative Program involving the University of Alberta Faculty of Nursing, Grant MacEwan Community College Health Services, the Misericordia Hospital School of Nursing, Royal Alexandra Hospitals School of Nursing, and the University of Alberta Hospitals School of Nursing. The four year collaborative nursing curriculum will be implemented in each institution with designated institutions being responsible for nursing courses for year one and two of the program and the Faculty of Nursing, University of Alberta responsible for the nursing courses in years three and four. Upon completion of the collaborative program graduates will be awarded a Bachelor of Science in Nursing from the University of Alberta. Students desiring a diploma in nursing will be required to complete additional coursework following year two (AARN, 1989).

In another collaborative effort, the University of Alberta Faculty of Nursing and the Red Deer College School of Nursing have received approval to offer a baccalaureate program in nursing at Red Deer College. The approval, given by Alberta's Minister of Advanced Education on January 5, 1990, means that Red Deer College has become the first community college in Canada to offer a collaborative on-location baccalaureate nursing program (Staff, 1990b). It is anticipated that the first two years of the new collaborative program will differ substantially in content from the College's current diploma nursing program and will cover content equivalent to the University of Alberta's generic baccalaureate program. By the end of the fall term in the second year, students will indicate their choice of completing either a diploma or degree. Those wishing to complete a degree will apply for admission at The University of Alberta where eligibility for transfer will be determined by the University's Faculty of Nursing Basic Admissions Committee. Those students accepted will continue at Red Deer College to complete the third and fourth years. Additionally, it is planned that the University of Alberta would grant the baccalaureate degree in nursing to individuals successfully completing the collaborative program (Staff, 1990b; AARN, 1989).

The planning for a collaborative program in the Lethbridge region is considerably behind other regions of the province. The college based diploma programs in Medicine Hat and Lethbridge have made approaches to universities outside the region, and did initiate planning meetings with the post-basic nursing program at the University of Lethbridge in 1986. However, these meetings were discontinued when staffing changes occurred at the institutions. As a result of the delays, these institutions are at the beginning stages of developing a proposal for a collaborative degree program while some of the above mentioned institutions are at the stage of presenting their proposals to their governing bodies. A tentative deadline for the development of a written proposal was set for December 31, 1989. (Steering Committee for Articulated Degree Programs Southern Alberta Region, Lethbridge Community College Memorandum, April 25, 1989, p. 1). Although this deadline was not achieved, the Lethbridge region has received funding from Advanced Education to begin planning for a collaborative program with the stipulation that a diploma exit be retained.

In summary, the past two years have seen a growth in numbers of collaborative arrangements among schools of nursing in Alberta. As a result of this trend toward collaboration, institutions have been drawn into closer working relationships which, not without problems, have resulted in a greater understanding of the steps needed to establish those arrangements.

Research on Articulation

The purpose of this section is to review three facets of the literature: 1) beliefs about articulation as expressed in the general literature, 2) the research on faculty perceptions of program articulation, and 3) the Canadian research on articulated baccalaureate programming. For simplicity, in this review the associate degree (AD) nursing program existing in American community colleges will be considered equivalent to Canadian diploma programs.

Expressed Beliefs About Articulation

This part reviews beliefs about nursing program articulation as expressed in the

Canadian and American literature. As previously indicated, definitional and regional variations exist regarding how the term articulation is employed. In American nursing education, articulation is closely associated with the open curriculum concept and the notion of career mobility. Discussions have focused basically on registered nurses pursuing the baccalaureate degree, and on the ways to evaluate and credit prior learning. Therefore, in the ensuing section, the literature included for review on American nursing program articulation can be best described as two plus two programming and not collaborative as operationally defined in this study.

In the United States, two levels of nursing are supported: a four year program leading to a baccalaureate degree for the professional nurse, and; a two-year associate degree for the technical nurse (American Nurses' Association, 1965, 1978, 1980). The issues of two distinct programs, and the possibility of separate licensure for each, has polarized American nurses and spurred extensive debate about the quality and validity of articulated programs. This debate appears largely philosophical and founded upon the nature of the initial nursing experience. Until recently, this controversy has not been as evident in the Canadian literature. This is not to say, however, that Canadian controversy does not exist.

As noted by Stevens (1981) the record of articulation in American nursing is one of politics camouflaged as truths. In her view the two plus two curriculum illustrates this as does the professional-technical separation. She cited the spiral curriculum, the idea of the career ladder, the open curriculum, competency based education, and credit by examination as products of the pro-articulation groups. Products of the anti-articulation groups include the two-plus-two curriculum, the technical-professional division, and the idea of terminal education (Stevens, 1981). She urged faculty to take an analytical viewpoint, reminding them that articulation (or lack of it) was a design decision, rather than a universal truth.

One of the central reasons given by those against the development of articulated

programs is the need to maintain standards and the integrity of programs that reflect professional educational preparation (Bowles, Lowry, & Turkeltaub, 1987). Additionally, nurse educators against articulation frequently cite the difference in the philosophy of the two programs. These nurse educators believe that the initial attitude of the diploma student is not changeable without considerable retraining. Further these nurse educators contend that a technical philosophy can not render the foundation for learning a professional philosophy (Stevens, 1981).

Kramer (1981) stated that baccalaureate and technical education do not articulate:

it was never intended to; it should not; it does not need to; it is a bastardization of both technical and professional nursing to force technical education to be the first two years of a professional education. To say that the two must, can, or do articulate is to deny the essential purpose and philosophy of both (p. 228).

Similarly, Montag (1980) believed that associate degree and baccalaureate programs could not and should not be articulated. According to her, the design, content, and instructional strategies of the two programs were so dissimilar that it was not feasible to apply the idea of the career ladder to them. Further, she suggested that if too much attention was given to articulation both programs would suffer.

In a major Canadian nursing journal, Gallop (1984) succinctly presented a case against articulation, even as a temporary educational alternative. She suggested that in Canada, as in the U.S., diploma programs established in community colleges are terminal in nature and are designed to provide a level of technical competency but not professional competencies. She contended that professional practice cannot be built on technical competencies; and, if the leaders in nursing education truly support the need for a 'liberally educated nurse' then the use of articulation even as a temporary measure becomes inconsistent with attempts to professionalize nursing. She further asserted that an articulated program would continue to reflect diploma values at the first level and that, "Articulation is a means by which nursing looks over its shoulder and tries to make up for past mistakes" (p. 61).

Unlike the American Nurses' Association, the Canadian Nurses Association has not officially distinguished between technical and professional nursing. The absence of any specific function or criteria for these two levels of nursing is a "uniquely Canadian factor that facilitates articulated baccalaureate nursing education" (Richardson, 1986a, p. 51). However, the CNA has adopted an anti-articulation stance as reflected in the following statement:

The use of articulation models for the basic preparation of nurses in the future is inconsistent with the entry to practice position. The entry to practice position necessitates the establishment of one educational level for the basic preparation of future nurse practitioners (CNA, 1986, p. 5).

In an earlier position paper of the CNA (1982), it was also stated that, "It is crucial that the degree be undertaken within a university context if research is to be integral to nursing practice" (p. 29). Together these statements infer that if the university does not have control over the entire educational process, a totally integrated professional discipline is not possible. Another "possible interpretation" of the CNA position, as suggested by Richardson (1988, p. 58-59), "is that articulated baccalaureate programs are judged by the CNA as inferior and of lower quality than generic baccalaureate nursing programs". Clearly, ambivalence and lack of substantial agreement prevails about the meaning of articulated baccalaureate programming.

Faculty Perceptions of Articulation

The researcher was unable to find any Canadian studies concerned with rank-and-file faculty perceptions of articulation. However, three American nursing studies concerned with faculty perceptions between two and four year collegiate programs were located. Each of these investigations included associate degree and baccalaureate faculty members, and indicated the importance of the faculty role in implementation of articulation.

Mobley (1971), in her dissertation at the University of Alabama, investigated the system of nursing education in relation to articulation, career ladders, and the open

curriculum in nursing. She studied variation in perception as influenced by such variables as employing institution, age, level of educational preparation, basic preparation in nursing, and number of meetings attended in which the above concepts were discussed. The questionnaire used a Likert scale to obtain information about articulation, and an open ended question to assess the participants perceptions of the most serious problems confronting nursing education. Her findings revealed that the majority of participants believed that effort should be directed toward achieving articulation between components of the nursing system, although baccalaureate educators were less in agreement with the premise than were associate degree educators. Variables such as the participants' type of employing institution and the level of educational preparation in nursing effected significant differences in certain perceptions of the system of education.

Using the survey instrument developed by Mobley, Taira (1982) compared the perceptions of community college and baccalaureate nursing faculty in Illinois and Wisconsin relative to articulation in nursing education. Lewin's field theory was used as a guide in interpretation of the data findings. The study revealed statistically significant differences in the perceptions of nurse faculty according to the following variables: type of employing institution; level of educational preparation in nursing, and; number of meetings attended in which the concept of articulation was discussed. Associate degree faculty and baccalaureate faculty responded differently to a majority of the items in the questionnaire. Associate degree faculty more often encouraged curricular articulation than did baccalaureate faculty. Taira concluded that the disparity in responses between two-year and four-year nursing faculty indicated an "attitudinal difference" directly related to types of institutions and programs.

Lord (1985) examined the perceptions of nursing faculty in Massachusetts concerning articulation between the associate and baccalaureate levels of nursing education. Objectives were to determine faculty perceptions of:

compatibility/incompatibility of the two levels; pressures against and for articulation; strategies to encourage or discourage articulation, and; participant's willingness to promote articulation in Massachusetts.

The study consisted of two parts. The first part involved interviews with a selected sample of nursing faculty (N=10). The interview data was used to develop a questionnaire which was distributed to associate and baccalaureate faculty.

Analysis of data drew upon Lewin's force-field theory for identifying the forces that impede or facilitate movement towards articulation. Pressures against articulation fell into three categories: (1) philosophical beliefs; (2) professionalism; and (3) nursing programs, faculty, and students. Pressures for articulation fell into two categories: (1) social, demographic, and economical/political forces; and (2) personal incentives and beliefs about the profession. Questionnaire items were designed to reflect these categories. For each item participants were asked to indicate the degree of agreement on a five-point Likert scale. Two open-ended statements addressing the participants willingness to support articulation and the reasons for their choice were included.

The major research findings showed that eighty percent or more of each faculty group found the two levels of programs compatible due to common core or overlapping content and were willing to promote articulation. Philosophical beliefs, lack of a clear definition of nursing, and need to protect program territoriality were perceived as pressures against articulation. Social forces were seen as pressures for articulation. Generally, AD faculty expressed stronger opinions of either agreement or disagreement than did BSN faculty on pressures and strategies for and against articulation. The BSN faculty were much closer to "undecided" on the majority of items. Lord (1985) concluded that given the indecisiveness of BSN faculty responses, this group may be more open to other educational alternatives.

The importance of faculty beliefs in the implementation of articulation was aptly demonstrated in these investigations. The implication that can be drawn from these studies is that change will be slow to take place until nurse educators at both educational levels see it as necessary.

Canadian Research on Program Articulation

The researcher was able to find only two Canadian studies concerned with nursing program articulation. These studies provided the necessary background for the development of this research.

In 1985, Shantz conducted a national survey to examine the development of the Entry to Practice movement and the initial impact of this movement on Canadian baccalaureate nursing programs. To identify the current context and changes occurring, the study populations selected for the survey were Deans/Directors of baccalaureate nursing education programs, Executive Directors of Provincial nursing associations, and Directors of the provincial ministries of advanced education (N=50).

It was determined from the survey findings that as of 1985, the planning for the expansion of basic baccalaureate degree programs was at a very early stage. Overall, program placements had actually decreased by 74 places or 4.6 percent from the previous information collected in 1983. Only a few of the 22 basic programs had concrete plans for increased enrollment (p. 246). Shantz identified the immediate pressure on most degree programs as the increased demand for post-basic placements.

Concerning articulation, baccalaureate program respondents were asked what they perceived as advantages and disadvantages of an articulated approach. Shantz defined this to mean "provision for the student to move between diploma and degree programs prior to completion of the initial program through transfer of credit, bridging courses or other means" (p. 233). The responses showed a wide range in support level for the concept of articulation, and little consistency in definition. Articulation was generally supported when it was interpreted as a decentralized baccalaureate program which could

be offered by such means as satellite campuses or transfer course arrangements (p. 247). It was not supported when it was interpreted to mean a two plus two program or where the control of the program was not with the degree granting institution.

The perceived advantages and disadvantages identified by the baccalaureate Deans/Directors (N=30) are worthy of notation. The advantages of an articulated approach were seen as: utilizing a regional approach which could capitalize on all available resources; a way for universities to cope with enrollment increases; promoting greater program accessibility to meet the EP 2000 goals, and; a way to provide downward articulation or transfer programming through other centers such as colleges. Concerning disadvantages, the general feeling was that it was a lot of trouble and problem considering the overdemand for generic baccalaureate placements. Variances in diploma programs, differing philosophies of diploma and degree programs, problems with course transferability, and lack of human and financial resources were seen as barriers or disadvantages to an articulated approach. Program quality issues were also raised. Shantz noted the acceptance of diploma-baccalaureate articulation and the level of coordinated planning appeared to be directly related to the post-secondary educational structure in the province and the placement of the diploma programs in the system.

Shantz's (1985) doctoral dissertation provides a national picture of the current events in Canadian nursing programs. It was recommended that further research be done at the regional level, and that studies of the change in the nursing education system include the perspective of diploma nursing programs as well as baccalaureate programs.

Richardson (1988), in her dissertation at the University of Alberta, expanded and built upon Shantz's 1985 national survey. Specifically, she explored in detail and depth the public policy issue of articulation of nursing education programming in Alberta as one way of working toward baccalaureate entry into practice.

Richardson's study consisted of two parts. Part one described the historical background of the public policy of nursing program articulation in Alberta. Historical data was collected from published reports, policy statements, newsletters and from

selected interviews. Part two consisted of three rounds of 'policy Delphi questionnaires' to collect selected stakeholder perceptions of the potential of articulation of nursing programs as a way of working toward baccalaureate entry to practice.

Articulation was operationally defined as "the process of promoting progression of students from a nursing education program offered by one institution to a program offered by another institution, without loss of time or academic credit" (p. 25). The organizational affiliations of the stakeholders included: Alberta Advanced Education; Alberta Hospitals and Medical Care; Alberta Social Services; Alberta Association of Registered Nurses; Psychiatric Nurses Association of Alberta; Alberta Medical Association; College of Physicians and Surgeons of Alberta; Alberta Hospital Association; Health Unit Association of Alberta; United Nurses of Alberta; Staff Nurses Association of Alberta; deans and directors of 12 of Alberta's 13 diploma and baccalaureate nursing programs which prepare for entry into practice; and members of the public. Twenty-five individual stakeholders participated in the first-round policy Delphi, 23 responded to the second-round, and 21 responded to the third-round. For each round, an attempt was made to collect opinions from the same respondent.

Concerning baccalaureate entry to practice, there was disagreement among the 25 stakeholder respondents about the desirability and feasibility of this goal, although 17 of the 25 rated the goal as desirable and 16 rated it as feasible. The most frequently cited reasons for rating the goal as desirable were: (1) to meet the need for increased knowledge and skills; (2) to meet problem-solving and critical thinking abilities of graduates; and (3) to enhance the professionalization of nursing. The most frequently offered reasons for rating this goal as undesirable were: (1) present nursing practice does not require baccalaureate education; (2) there is no evidence that baccalaureate education enhances the quality of nursing care; and (3) the financial implications and costs of this goal are significant (p. 268). Richardson's findings also revealed that stakeholders opposed to baccalaureate entry into practice tended not to be nurses and were affiliated with groups such as provincial government departments and employers; and opposition

to the goal reflected satisfaction with the system and concern about maintaining an adequate supply of nurses, restraining costs, and not impeding career mobility of diploma nurses (pp. 233-234).

Concerning desirable ways of working toward baccalaureate entry to practice, only three of the 13 programming alternatives were rated by a majority of the third-round Delphi respondents. These were: (1) retaining existing hospital and college diploma programs and university programs to offer a collaboratively planned curriculum which would lead to opportunity to enter nursing practice upon completion of the baccalaureate degree; (2) granting credit toward a baccalaureate degree for speciality and certificate programs in nursing; and (3) retaining existing nursing assistant, psychiatric nursing, diploma and baccalaureate degree programming but redesigning the system to facilitate career progression. The majority of the respondents also rated four of 13 programming alternatives as feasible. These included the three desirable ways of working toward baccalaureate entry to practice, as well as the following alternative - closing hospital diploma programs and having existing colleges and universities offer a collaboratively planned curriculum which would lead to opportunity to enter nursing practice either upon completion of a diploma or the baccalaureate degree. All eleven nursing deans and directors, rated this alternative as undesirable.

Two of the above three programming alternatives rated as desirable by a majority of the 21 third-round respondents represented articulated models. Richardson concluded: (1) stakeholder support for baccalaureate entry to practice is linked to involvement of existing diploma programs in future baccalaureate programming; (2) participation by colleges in collaborative or articulated baccalaureate nursing programming may be linked to their goal of achieving degree-granting status; (3) programming alternatives suggested by stakeholders as ways of working towards baccalaureate entry into practice tended to reflect innovative utilization of nursing education resources inherent in the

existing Alberta system, rather than restructuring of the system; and (4) nursing program articulation is a viable mechanism for working toward baccalaureate entry to practice if the existing nursing education system remains unchanged (p. 234).

Change and Innovation in Nursing Education

Collaborative baccalaureate programming is a major curriculum innovation involving two main aspects: what changes to implement (theories of education) and how to implement them (theories of change). Although there are dangers in separating these two aspects, because they do interact, this section focuses on change in nursing education. Specifically, three facets of the literature will be reviewed: 1) the socio-political environment of nursing which inhibits educational change, 2) the literature on change and innovation as it applies to collaborative arrangements, and 3) the subjective meaning of educational change. All reviews are necessarily selective rather than comprehensive.

The Socio-political Context of Nursing Education

Prevailing social, economic and political attitudes, as well as forces of opposition within and without the profession, have served to inhibit and frustrate the progress of nurse education, and therefore curriculum development (Jolley, 1987). Roberts (1983), in discussing nursing as an oppressed group, stated that throughout history nursing has been controlled by forces other than self and forces that have greater prestige, power and status. Bullough & Bullough (1981) contend this fact has dominated nursing's development both in its attempts to professionalize and its gradual entry into higher education.

As a woman's profession, nursing manifests many of the characteristics associated with other oppressed groups. According to Roberts (1983) some of these characteristics are a lack of self esteem, a divisiveness (or lack of cohesiveness), a devotion to routine, and a retreating from initiative. Fear of success and a passive-aggressive syndrome are also seen to be characteristics of nursing as an oppressed group (DeBella, Martin & Siddall, 1986).

Freire, an international educator, casts education in the role of personal liberation and thereby liberation of oppressed groups. He emphasized "that oppressed behavior stems in part from the ability of a dominant group to identify their norms and values as the right ones in society and from a position of power to reinforce them" (1972, p. 84). Freire is quite adamant that freedom is not granted to an oppressed group by the dominant or oppressing group. Freedom is won through one's own efforts at self-liberating education. "The purpose of education is to enable people to reflect on themselves, their responsibilities and their role in a new cultural climate, resulting in a development of tremendous power" (1972, p. 84).

If one extrapolates from the works of Freire (1970, 1972, 1985), one could say that nursing is undergoing a transition between its long history of dependence into the relatively new stage of self-determination and control. The issue of baccalaureate entry to practice has become the fulcrum for nursing's developmental crisis. It is also likely that the level of intraprofessional conflict will increase as nursing moves through the stage of control. Moreover, the freedom to develop nursing as a profession can only come from nursing itself; it will not be bestowed by others. The requirement for any positive solution to the problems facing nursing education is decisive, sound, collective action. As many nursing leaders have emphasized, if nursing does not have sufficient confidence in its own abilities and its own perspectives, or approach the political arena with a unified, cohesive strategy, it is unlikely that baccalaureate entry to practice will be realized.

Change and Collaborative Arrangements

The current emphasis on developing collaborative baccalaureate programs within the system of nursing education constitutes a major ripple in the system's operation and significantly impacts on the lives of all persons in that system. In that sense, collaborative programming can be viewed as a deliberate introduction of change and innovation.

There are many assumptions, factors and facts involved in the study of the complex processes of educational change. The list of factors, particularly those associated with planning and implementation is extensive. Developments in collaborative nursing arrangements are assisted, in part, by the contributions made by other disciplines and institutions in their efforts to achieve common academic aims. Therefore, to provide a broader understanding of the complexities of establishing and maintaining collaborative arrangements, some of this literature will be reviewed.

In discussing concerns surrounding collaborative development, Grupe (1970) stated that an intricate array of interrelated factors must be considered. Collaborative efforts should not be viewed as a goal which is easily achieved, but rather "joint programs are seldom born easily and do not fall into place of their own accord" (p. 14). Patterson (1974) also emphasized that it is difficult to reach agreement on such arrangements. He further stated that ". . . it must be demonstrated that it is more prestigious to be flexible, to cooperate and to innovate" (p. 56). Further concerns for the collaborative process were detailed by Scott (1977) who stated that while many collaborative efforts had been successful, those arrangements had been carefully planned to avoid problems in the implementation phase.

In addressing the management of collaborative arrangements, Lepchenske (1976), stated that because they have complex and overlapping functions, the organization and management of collaborative arrangements should follow logical business practice in both structure and administration. Guideline offered by Lepchenske to be used in developing collaborative arrangements included: 1) identifying values in institutions to establish educational priorities, 2) surveying the priorities of other institutions, 3) participating in long-range planning on educational resource use and allocation, 4) providing support for collaborative activities, 5) developing collaborative arrangements which support institutional values and purposes, 6) evaluating collaborative arrangements periodically, and 7) redesigning, re-identifying and restructuring as needed to achieve institutional values and goals.

Rossmeier (1979), suggests that the planning of collaborative arrangements should be a creative endeavor which enhances the opportunities of students and uses the resources of the institution. In planning and developing collaborative arrangements, Rossmeier had several suggestions. He called for executive commitment and involvement in planning and developing the collaboration. He stated there must be an 'energizer' who can successfully guide a planning task force through planning activities to the point of a written document.

The planning process, according to Rossmeier (1979), must be diffused throughout the organization and be a regular part of institutional activity as well as a privilege which participants value. One way to promote the idea of participation as being a privilege was to ensure that staff were in control of planning efforts at all times. According to Rossmeier, consultants should be used only for specific tasks when added manpower was required.

Dittambl & Porter (1985), in their discussion on appropriate collaborative models for schools of nursing to pursue jointly, stated that before entering into an interactive relationship, leaders must discuss and agree upon a wide range of issues and questions concerning institutional organization, goals and control. These issues included each institutions incentive for collaboration, scope of the relationship, need to maintain a unique identity, authority for decisions, accountability for performance, and costs and resource sharing.

In a description and critical analysis of the processes related to the development of a nursing education consortium, O'Dea (1984) listed guidelines for developing a nursing education consortium. According to O'Dea, gaining commitment of key individuals, administrators, faculty from cooperating institutions and planning committee members to provide a structure for efforts throughout the collaboration is a necessary first step toward collaborative success.

Developing trust relationships by allowing time for social relationships to develop;

using small groups to facilitate trust development; and respecting individuals, the autonomy of institutions, and program integrity must follow a commitment to the collaboration. Others ways of facilitating trust, according to O'Dea, included establishing goals and purposes as a group commitment, providing focus for meetings, and jointly developing a philosophy of nursing education.

To assure commitment, O'Dea (1984) recommended developing contractual agreements that offered clear guidelines for management, periodically stating items to be reviewed; and reducing the threat to institutional autonomy. Finally, as a guide to collaborative growth and change, establishing an evaluation mechanism that evaluates the development process, states items to be reviewed, establishes regular review meetings, and maintains on-going communication with participants was recommended. O'Dea recommended these guidelines to nurse educators in their consideration of the feasibility of establishing collaborative arrangements in nursing education.

Rapson (1987) not only wrote of the processes of change, but described the development and demonstration of a statewide nursing articulation model in Maryland by using a policy-making framework and Lewin's force-field theory. She stated that when considering the creation and adoption of a nontraditional articulation plan, it is helpful to establish a policy goal, assess what audiences (or significant participants) should be involved and the environment in which the proposed change should take place, and identify how this issue fits into current items of interest on the policy agenda of the government, educational institutions, professional nursing organizations, and so forth (p. 87). These situational factors must be identified and analyzed to determine the change potential and resistance. For example, some of the factors against change (restraining forces) when the Maryland model was being formulated and implemented were:

1. The satisfaction of most faculty members and administrators in academia with the existing method
2. The desire of each nursing program to preserve its own standards, integrity, autonomy, validation methods, missions, and goals and resentment of external interference.

3. The reluctance to pursue articulation because previous methods for validating learning and awarding credits were sometimes primitive, time consuming, and of questionable validity.
4. The competitive climate caused by the finite amount of resources in educational settings
5. The failure of nursing and nursing education groups to identify mutual nursing goals that all participants could commit themselves to achieving.
6. The expensiveness of nursing education and the difficulty of obtaining sufficient funds to cover the additional costs of an innovative articulation program.
7. The concern by the nursing education community about sacrificing the quality of their programs
8. The lack of interest in providing educational opportunities to nurses in outlying, underserved areas (p. 89).

Some of the factors encouraging and facilitating change (driving forces) were: 1) changes in the labor market and a national nursing shortage; 2) the need for cost-containment through the efficient use of resources; 3) changes in the demographics, needs and goals of students; 4) the increasing dissatisfaction of consumers with the quality of nursing care; 5) the entry-into-practice issue; 6) the changing modes of health care practice; 7) the increased assertiveness and political savvy of women and nurses about their educational needs and goals; 8) the recommendation by numerous commissions and task forces for the adoption of a statewide articulation model; and most importantly, 9) the political influence of collectivity and collaboration among educators and concerned nurses (pp. 88-90). Rapson offered this analysis to other groups interested in creating their own articulation plans. She maintains that if these forces are identified and planned for, success of the desired program is increased.

The concepts that planning and communication are necessary to the development of collaborative arrangements is discussed by many writers. A team spirit, combined with common status, purpose, standards and clear expectations, has also been identified as critical to collaborative development. Finally, many writers have focused on the required

skills and behaviours of educational reform leaders and their role in creating successful change. Although the role of the leader has received considerable attention in the literature, it is perhaps the role of other participants -- most notably teachers -- that ultimately determines the success or failure of an innovation.

The Subjective Meaning of Educational Change

Fullan (1982) states: "Educational change depends on what teachers do and think - it's as simple and as complex as that" (p. 107). He believes that since the educator as implementor is central to any change effort, it follows that the transformation of subjective realities is the essence of change. He maintains that neglect of the phenomenology of change -- that is, what change really means as experienced at the personal level -- has contributed to the failure of many educational reforms.

Fullan (1982) identified three essential themes to the subjective meaning of educational change. First, the typical situation of educators or anyone else in ongoing organizations is one of "fixity and a welter of forces working to maintain the status quo" (p. 29). This fixity can affect the manner in which educators confront new situations and search for solutions to them, and also the way they cope with facts and circumstances in implementing solutions. Klein (1976) concurs with this view, and adds that whether the innovation comes from the top down or bottom up, the norms, values and attitudes of the status quo can constitute an effective barrier to change.

Second, the implementation of change often involves a person's basic conceptions of 'what they do and think' -- that is, "their occupational identity, their sense of competence, and their self-concept" (Fullan, 1982, p. 33). Marris provides further insight into this situation:

Occupational identity represents the accumulated wisdom of how to handle the job, derived from their own experience and the experience of all who have had the job before or share it with them. Change threatens to invalidate this experience robbing them of the skills they have learned and confusing their purposes, upsetting the subtle rationalizations and compensations by which they reconciled the different aspects of their situation (In Fullan, 1982, p. 29).

However irrational it may seem, the resistance to change which occurs in such cases may have as its fundamental objective the defense of one's self-esteem, competence and autonomy (Klein, 1976, p. 119).

Third, the complexity of defining and accomplishing change becomes apparent when one considers educational innovations involve 'change in practice'. For example, in the implementation of a new program or policy, three central components or dimensions are at stake (p. 30): "(1) the possible use of new or revised materials . . . (2) the possible use of new teaching approaches (i.e., new teaching strategies or activities), and (3) the possible alteration of beliefs (e.g., pedagogical assumptions and theories underlying particular new policies or programs)". Difficulties arise in determining who develops the materials, defines the teaching approaches, and decides on the beliefs. Fullan (1982) maintains that ignoring or minimizing these realities of a teacher's working life serves only to impede change. For this reason, he advocates understanding the personal context and perspectives of teachers as the first step in the change process, and focuses on the need for early interaction and participation to increase teacher satisfaction, motivation and commitment.

Nisbet (1975) also makes the point that the dynamics of change need to be better understood, and lists five potential problems in relation to curricular innovations. These included an increase in teacher workload, some loss of self-confidence, possible strained relationships with colleagues, a period of confusion, and the danger of backlash. In addition, he noted that organizational support, teacher involvement and ongoing evaluation are essential components of successful innovation.

Similarly, Docking (1987) indicated that "rational curriculum planning begins with clarification of beliefs and values" (p. 154). She emphasized that planned change requires that the change agent take into account problems likely to be encountered when a curriculum change is introduced. In addition, she stressed the need for change agents to use feedback mechanisms to uncover barriers which are perceived by staff.

In summary, the changes in nursing education are both planned and unplanned. In addition, changes take place at the knowledge, skill, attitude and value levels. While change usually disrupts the system, this can be lessened by attention and effective planning. Teacher involvement and the presence of mechanisms to address the ongoing meaning of change at several stages of the innovative process seem to be the important factors in achieving results.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

This chapter presents a description of the methods and procedures employed in accomplishing the purposes of the study. The instrument which was used to gather the data for the study is described in terms of its development and content. Sampling procedures are discussed, and the statistical methods employed to analyze the data are described.

Conceptual Framework

A conceptual framework helps to explain, describe, and analyze the ideas inherent in a research question in a logical, rational format. It also places complex phenomena in perspective and in relationship to existing knowledge, thus providing meaning and significance to the findings (Brink & Wood, 1983). Lewin's (1951) force field theory provided the framework and terminology to conceptualize, analyze and categorize the arguments inherent in collaborative baccalaureate programming.

Lewin's Force Field Theory

There have been many discussions about the nature and proper meaning of field theory. The term itself is rather misleading, since field theory is not a theory in the usual sense of the term, but rather a metatheory, essentially implied in a methodology (de Rivera, 1976). Lewin, who never gave a proper definition of field theory, suggested this implication himself when he stated: "*Field theory is probably best characterized as a method: namely, a method of analyzing causal relations and of building scientific constructs*" (Lewin, 1951, p. 45).

The basic assumption of field theory is that any behavior (actions, affects, or thinking) depends on a variety of coexisting and interacting factors which make up the social-psychological field. This field is not an abstract frame of reference but contains psychological facts such as the needs of the acting person, the goals and wishes of the individual, the manner in which the individual sees his or her past and future, the groups to which the individual belongs, and so on. Events and processes which are physical, economic, political, or legal in nature and have direct effects upon individual behavior,

must also be included within the field. Lewin believed that the field, the players, their needs (valences) and the arguments (forces) are objective in the sense that an independent observer could construct the field of forces at a given point in time.

To describe the dynamic features of the field, Lewin used the basic construct of 'force', which characterizes for any event in the field the direction and strength of the tendency to change or resist change. Usually, there is a combination of several forces acting at a given point and time, yielding a resultant force. Forces have been distinguished as driving forces, which encourage or facilitate change, and as restraining forces which act as barriers to change. When driving and restraining forces are equal, no change occurs; when the strength of one force surpasses the other, change occurs. The force field reflects the needs of individuals or groups with vested interest in changing or maintaining the status quo (Lewin, 1951).

Lewin contended that in any change situation, the process of diagnosis and problem-solving can be facilitated by use of force field analysis; and, that this analysis, offers a workable frame of reference for those initiating and implementing planned change. The change agent must assess the change potential and resistance and try to change the balance of forces so that there will be movement toward an improved state of affairs. Lewin's force field analysis is modeled in Figure 1.

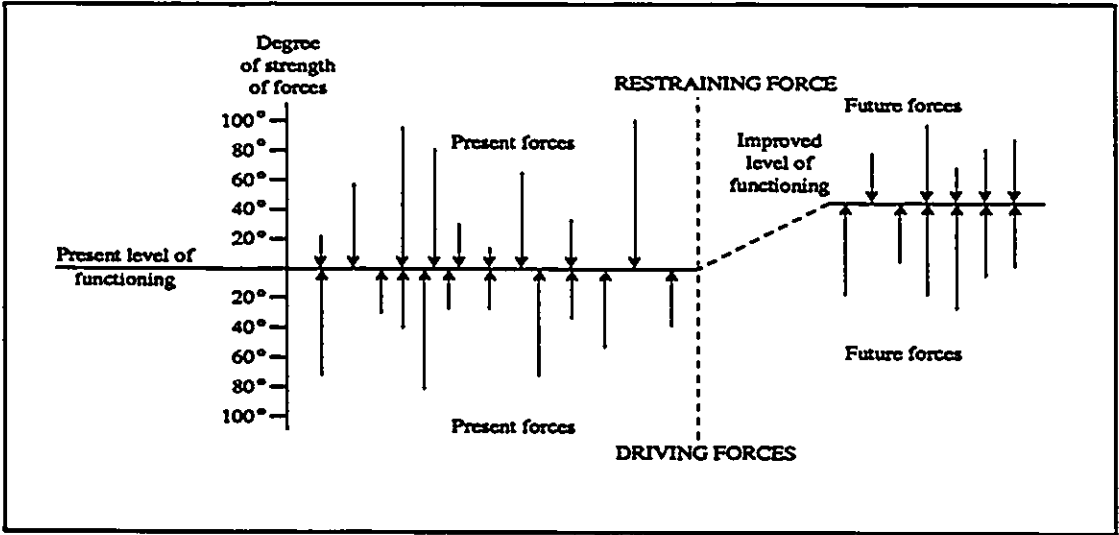


Figure 1: Lewin's Force Field Analysis

From Organizational Renewal (p. 71) by G. Lippitt, 1982, Englewood, NJ: Prentice-Hall.

This figure illustrates that change occurs when there is an imbalance between the sum of restraining forces and the sum of driving forces. An imbalance may occur through a change in the magnitude of a force, a change in the direction of a force, or the addition of a new force. When the strength of the driving and restraining forces is equal, the status quo is maintained. The strength and direction of the forces are graphically illustrated by the length of the arrow (Lippitt, 1982).

Lewin (1951) also described a three step process of change which involved an unfreezing, a moving to a new level, and a refreezing sequence. Unfreezing involves breaking down old traditions and customs to make way for new alternatives. Changing, the second step, involves problem-diagnosis, goal-setting, and the development of new behaviors. Trial and error or 'scouting' is characteristic of this middle stage. Refreezing is the process by which newly acquired behaviors become integrated into the individual's personality and work role.

Collaborative Programming and Force Field Analysis

The response of nurse educators to collaborative programming as a mechanism to facilitate the entry to practice movement has been conceptualized as a demonstration of the change process. The baccalaureate entry to practice position was viewed as the catalyst for 'unfreezing'. The movement is from a traditional or set educational format (unfreezing) towards new paths in baccalaureate programming. Nursing education is in what Lewin termed -- 'problem-diagnosis and goal-setting' -- the middle stage of change.

By using the Lewinian concepts of driving and restraining forces, it is possible to examine the present state of collaborative programming as an equilibrium which is being maintained by a variety of factors (see Figure 2).

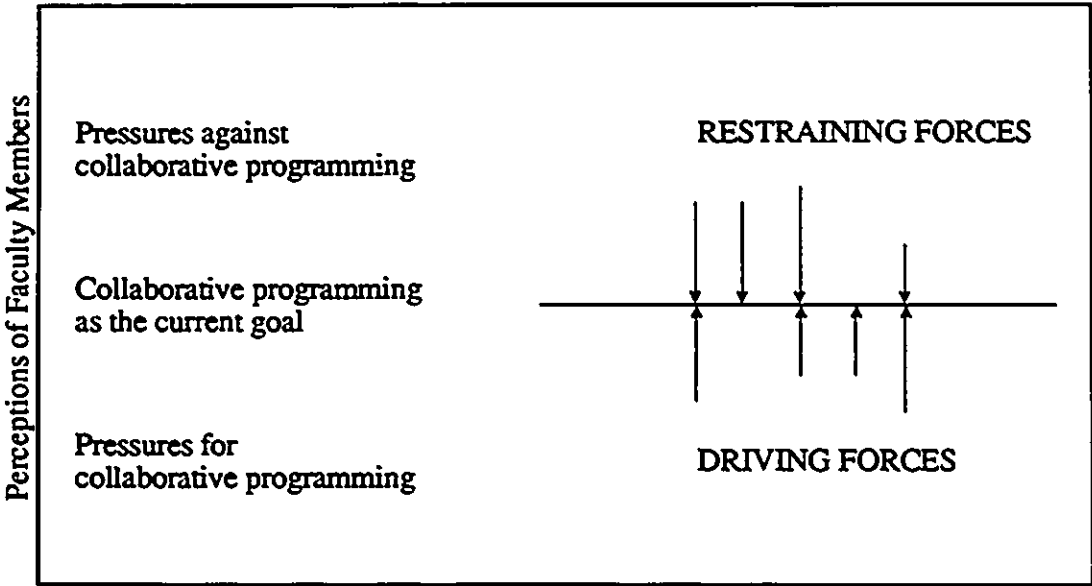


Figure 2: Force Field Illustration for Collaborative Programming
Adapted from Lippitt (1982, p. 71) and Lord (1985, p. 65).

Arguments inherent in collaborative programming were classified as driving and restraining, and the frequency of a given category of argument reflected its valence within the force field. Since only survey data was used, this approach presents a limited use of field theory.

Lewin’s force field theory provided the framework to help answer the question, ‘what are the perceived barriers and facilitators to developing a collaborative program’. To provide a broader understanding of the problem under investigation, several additional questions (as stated in the objectives of the study) were deemed necessary. The analysis of these questions is discussed in a subsequent section.

Method

Collaborative arrangements in Alberta nursing education are relatively few in number, have developed over the past few years, and have not been studied systematically. The lack of literature on collaboration in nursing education and the perceived need to provide information to practitioners interested in establishing

collaborative arrangements in Alberta were the deciding components in selecting the research methodology.

The descriptive method, as a means of reporting the way things are, was used for this study because relatively little data exists on the perceptions of Alberta nurse educators regarding collaborative programming. The design chosen for this descriptive investigation was survey research. Survey research studies large and small populations by selecting and studying samples chosen from the populations to discover the relative incidence, distribution and interrelations of sociological and psychological variables (Polit & Hungler, 1987).

The mail questionnaire was the method for gathering information. According to Polit and Hungler (1987), mailed questionnaires are the data gathering method of choice for studies involving large geographically dispersed samples. Additionally, with mailed questionnaires, "subjects are more likely to feel that they can remain anonymous and thus more likely to express controversial opinions" (Brink & Wood, 1983, p. 113). In survey research, only associative rather than direct relationships may be implied (Polit & Hungler, 1987).

Development and Validation of Instrument

To construct the data gathering instrument four preliminary steps were involved. The result of these preliminary steps formed the basis for the development of a questionnaire which was then mailed to the subjects under study. This process is described in further detail below.

Literature Review. Previous research studies which had been conducted in the area of articulation provided a rich background. Particularly valuable was the research by Mobley (1971), Lord (1985), Shantz (1985), and Richardson (1988). A review of instruments developed by these authors was also conducted. Discussion documents by professional organizations, and reports of articulation projects were also carefully examined. From these sources a list of statements regarding the questions under investigation was generated.

Based on the literature review, it was determined that 'two plus two' programming often constituted most of the discussions about transfer and articulation. Additionally, most of the literature on change in nursing education was American and not Canadian. Although recent trends in Canada indicated support for collaborative programming, two troublesome questions remained. With so much national and provincial recognition of the need for baccalaureate preparation, why was change so slow to take place in Alberta? And, why was there no ongoing collaborative baccalaureate programs in existence?

Interviews. In order to more fully understand this reluctance to move vigorously forward, a small case study was designed to determine the forces (i.e., blocks, barriers, or inhibitors) which are impeding the movement of EP 2000 and collaborative programming (Pickett, 1986). An additional purpose of the study was to verify the existing literature and determine if the cited barriers to educational change was relative to the Alberta context.

To determine pressures against collaboration and the entry to practice movement, interviews were held with a selected sample of nursing faculty from a community college and university in Alberta. The number of interviewees was limited to four, two from each program, in order to provide a manageable data base and to ensure a balance between diploma and baccalaureate faculty. The selection of interviewees was not based on a random sample. The aim was to select 'key informants' who were knowledgeable about the concept of collaborative baccalaureate programming, and who were "willing to explain the norms, attitudes, processes and other aspects of the local situation in depth" (Guba & Lincoln, 1981, pp. 310-311). Two faculty members from each of the two programs (N=4) met the criteria, and when contacted, agreed to participate in the study.

The researcher personally conducted the interviews, and each respondent was asked the following central questions:

1. What do you perceive as the barriers, if any, that are affecting the entry to practice movement?
2. What do you perceive as the barriers, if any, that are affecting the development of collaborative baccalaureate nursing programs?

The interview length varied from 1/2 hour to 1 1/2 hours. The interview format was chosen because it allowed for flexibility in the conduct of the interviews. This enabled the researcher to pursue leads, to clarify questions and to encourage respondents to elaborate on items which had been incompletely answered.

Following transcription of the interviews, content analysis was done and major themes identified. Pressures against collaborative programming and EP 2000 were identified in a variety of specific statements, and recurring themes were stated in many ways. These themes were verified with the literature and used as a guide to develop preliminary items for inclusion in the questionnaire.

Refinement. In order to ascertain which items on the list were most appropriate for the research questions under investigation, a committee of subject matter experts was established for consultation. The experts consisted of two nurse educators and the director of an educational research centre. These individuals were selected because of their professional reputation, expertise in research and knowledge of program planning. The evaluation of the questionnaire by the experts was sought to establish content validity. Their suggestions provided the basis for discarding and revising items.

The initial pool of 64 items was critiqued for content, choice of words, and ambiguity. Twenty of the original items were discarded. In addition, several items were organized under broad stem questions. This process resulted in items for Part I of the instrument. After the items were selected, a Likert scale composed of four response categories ranging from strongly disagree to strongly agree was added to assess the perceptions of each faculty member on each of the items.

To gain some insight into the respondents personal and individual perceptions an opinion section was added. A demographic section was then attached and the survey instrument was ready for the pilot test.

Piloting. A pilot study was conducted to assist the investigator in establishing validity, clarity, and research adequacy. The questionnaire was submitted to a panel of five nurse educators from a diploma nursing program in central Alberta. This school was selected as it would not deplete the pool of programs from which data were drawn. The

participants were asked to complete the questionnaire plus provide comments on its items and format. As a result, minor changes were made in the questionnaire prior to its final reproduction.

Design of the Questionnaire

In order to determine the perceptions of nurse educators regarding the concept of collaborative programming as one way of working toward a baccalaureate entry into practice, a Nurse Faculty Questionnaire was developed (Appendix C). The questionnaire consisted of three parts: Part I, Nursing Education in Alberta; Part II, Opinion Statements; and Part III, Demographic Information.

Part I of the questionnaire was designed to elicit data on the perceptions of nurse educators towards entry to practice (Section A) and collaborative programming (Section B). Of the total 22 statements, the first 13 were concerned with entry into practice. The following nine statements were concerned with collaborative programming. All of the statements paraphrased beliefs, attitudes, or feelings which had been expressed by the interviewees or were located in the literature.

Statement number 13 contained six stem items on possible ways to facilitate baccalaureate entry into practice. This statement specifically addressed the third objective of the study, which was 'what programming alternatives do nurse educators perceive as desirable for working towards baccalaureate entry to practice'.

Statement number 21 contained ten stem items suggestive of pressures against collaborative programming; that is, restraining or discouraging forces. Statement number 22 contained nine stem items suggestive of possible pressures for collaborative programming; that is, driving or encouraging forces. Since a major drawback of forced choice type of statements is the possibility of overlooking some potentially important responses, both statements also contained an 'Other - please specify' stem to allow participants to respond in their own words and frame of reference. These two statements, then, addressed the fourth objective of the study, which was to identify 'the perceived barriers and facilitators to developing a collaborative program'.

For each statement in Part I, participants were asked to indicate the degree of agreement on a four-point scale ranging as follows: 1 = strongly disagree; 2) = disagree; 3 = agree; 4) = strongly agree; and 0) = undecided.

Part II of the questionnaire provided further information for the first and second objectives of the study. The first objective of the study was to determine the extent to which nurse educators support the EP 2000 mandate, and why they hold these views. The second objective was to determine the extent to which nurse educators support the concept of collaborative programming, and why they hold these views.

Item number one contained a rank ordering question of four future programming options. An 'Other - please specify' option was added to provide freedom of response. Participants were asked to rank no more than three options, and place a '1' beside the option they would most support, a '2' for the next most important, and so forth. The rank ordering question was used to clarify and address the second objective of the study.

Item number two contained two open-ended statements regarding the EP 2000 mandate and collaborative programming. For each statement, participants were asked to indicate their level of support and add their reasons. These two open-ended statements specifically addressed the first and second objectives of the study.

Part III of the study contained six items regarding demographic information. These items included: 1) type of program in which presently employed; 2) type of basic educational preparation in nursing; 3) highest credential held; 4) number of years of nursing practice; 5) number of regional or national meetings attended in which the concepts of collaborative programming were discussed; and 6) level of participants perceived knowledge regarding the issues addressed in the study. For each item, participants were asked to circle one response or provide a short answer. In this way, data were collected on variables that might have an impact on faculty perceptions of collaborative programming.

In its final form, the package mailed to the research subjects contained: a letter of

introduction (Appendix A); a separate information sheet addressing the purpose of the questionnaire and operational definitions of significant terms (Appendix B); and, Parts I - III of the questionnaire (Appendix C).

Sample Selection

In Alberta there are presently four hospital diploma programs, seven college diploma programs, and two university generic (four-year) baccalaureate programs which prepare students for entry into practice. Additionally, there are three university post-RN (two-year) baccalaureate programs which permit diploma educated nurses to acquire a baccalaureate degree in nursing. According to statistics of the AARN, in November of 1989 there was 279 educators employed in diploma programs (college & hospital), and 106 educators employed in degree (post-basic, generic and graduate) nursing programs (L. Walker, personal communication, February 6, 1990).

Currently in Alberta, there are four collaborative projects at various stages of development, two of which are situated in southern Alberta. Since both of these projects are in the planning stages of developing a collaborative baccalaureate program, a unique opportunity exists to collectively identify the forces which may be influencing the development of such a program. Therefore, the selection of diploma and baccalaureate nursing programs was limited to those in southern Alberta. These are: The University of Calgary, Foothills Hospital School of Nursing, Mount Royal College, The University of Lethbridge, Lethbridge Community College, and Medicine Hat College.

To gather the required information, nursing program administrators and faculty members employed full-time in a diploma or baccalaureate nursing program were asked to participate in the study. The rationale for seeking perceptions of nursing administrators and nursing faculty was that both groups are principal figures in developing curriculum design and policies. Administrators are in leadership positions and consequently very influential regarding program planning. Nursing faculty can also provide valuable information and as members of a curriculum committee have the opportunity to vote on

programming decisions. For the analysis, both groups were considered under the definition of nurse faculty.

Procedure

To insure an adequate return rate, the investigator secured the sanction and approval of the deans or directors of the specified nursing programs. During the spring semester, program directors were contacted by telephone to explain the study, invite their participation, and ask for the number of faculty who met the criteria for inclusion. In certain programs, the director gave immediate approval. In other programs, it was necessary to submit a research proposal before approval was obtained. Agreement to participate was received from all six nursing programs. Thus, the total number of nurse faculty who met the criteria for inclusion in the study was 112 (35 baccalaureate and 77 diploma).

The required number of questionnaire packages were delivered in person or by courier to the directors of the specified programs, with the request that the questionnaires be distributed to those faculty who met the criteria for inclusion. Each questionnaire package contained a letter of introduction explaining the study, assuring confidentiality and asking for assistance with the study (Appendix A); a separate information sheet addressing the purpose of the questionnaire and operational definitions of significant terms (Appendix B); and Parts I - III of the questionnaire (Appendix C). A deadline for return of the questionnaire was indicated in the letter, and a postage-paid addressed envelope was included for each subject's convenience. The completed questionnaires were returned directly to the investigator.

A few weeks later, a reminder postcard was mailed to all directors of the participating programs in which they were asked to remind faculty to complete and return the questionnaire (Appendix D). The final result was 78 questionnaires were returned; three were blank and one had the demographic section removed. Although not every question on every survey instrument was answered, the total number of usable questionnaires was 74 (66%).

Analysis of Data

The cumulative data collected served the general purpose of identifying the perceptions of collaborative programming as viewed by two groups of respondents: baccalaureate nursing program (BNP) faculty and diploma nursing program (DNP) faculty. All statistical operations were performed by a Macintosh computer using the program Statview SE + Graphics (Feldman, D. et al., 1987). Descriptive statistics -- primarily percentages, means and standard deviations -- were calculated to describe the results. The Chi Square statistic was utilized to test for significant differences between the proportion of BNP and DNP faculty who agreed or disagreed with each of the items in Part I of the questionnaire. Probabilities at or below an alpha level of .02 were considered to be statistically significant. This more rigorous level was used because of the large number of variables tested.

The responses to the open-ended statements from Part II of the questionnaire were coded, tabulated and ranked following the steps identified by Waltz, Strickland and Lenz (1984). In addition, content analysis was done for the purpose of identifying common themes.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter contains the results of the data analysis. The findings are reported in three sections. The first section describes the characteristics of the sample. Section two contains the numerical analysis of the Likert items. The third section presents the participants' responses to the opinion statements. A summary of major findings concludes each section.

Characteristics of Sample

The purpose of this study was to examine the perceptions of southern Alberta nurse educators regarding the concept of collaborative programming as one mechanism to work towards baccalaureate entry into nursing practice (EP 2000). All subjects were asked to complete the Nurse Faculty Questionnaire (Appendix C).

Nursing faculty employed full-time in a diploma nursing program (DNP) or baccalaureate nursing program (BNP) were subjects for this research. Subjects were from six nursing institutions in southern Alberta: Medicine Hat College; Lethbridge Community College; The University of Lethbridge; Mount Royal College; The University of Calgary, and Foothills Hospital School of Nursing. The total number of nurse faculty eligible to participate in this study was 112 (35 baccalaureate faculty and 77 diploma faculty). Seventy-eight questionnaires were returned; three were blank, and one had the demographic section removed. Therefore, the overall number and percentage of completed returns was 74 (66%).

As mentioned in the methods section, for the analysis, post-basic baccalaureate faculty were considered within the definition of BNP faculty, and faculty in a diploma program whose primary responsibility was teaching a post-diploma certificate (N=3) were considered within the definition of DNP faculty.

Part III of the questionnaire provided information which served as a basis for describing the participants. Variables on which demographic data were collected included: 1) Type of Program in Which Presently Employed; 2) Type of Basic Educational Preparation in Nursing; 3) Highest Credential Held; 4) Number of Years of Nursing Practice; 5) Number of Regional or National Meetings Attended in Which the Concepts of Collaborative Programming were Discussed, and 6) Level of Participants Perceived Knowledge Regarding the Issues Addressed in the Survey.

Type of Program in Which Employed

The data concerning the participants revealed that 74 nurse faculty from diploma and baccalaureate nursing programs in southern Alberta participated in the study by completing the Nurse Faculty Questionnaire. Out of that number, 51 (69%) were employed in a DNP, and 23 (31%) in a BNP. Therefore, a majority of the respondents (69%) were employed in a diploma program. According to 1989 registration statistics of the AARN, this finding is representative of the nurse faculty population in Alberta.

Basic Preparation

Data in Table 1 show the type of basic nursing education of the faculty respondents. Over one-half of each group had received their basic preparation for licensure at the diploma level: 73.9 percent for the BNP group and 72.5 percent for the DNP group. The largest group of faculty respondents (51%) received their initial preparation in a hospital diploma program. Only 21.7 percent of the BNP group and 27.5 percent of the DNP group were initially prepared at the baccalaureate level. This may be a typical pattern as prior to 1972 most nurses' training occurred in hospital settings and not in the educational system of colleges and universities. Furthermore, the data suggest that most participants are products of two plus two programming.

Table 1
Basic Nursing Education of Faculty (N=74)

TYPE	BNP	DNP	TOTAL
Diploma (Hospital)	16 (69.6%)	22 (43.1%)	38 (51.4%)
Diploma (College)	1 (4.3%)	15 (29.4%)	16 (21.6%)
Baccalaureate	5 (21.7%)	14 (27.5%)	19 (25.7%)
No Response	1 (4.3%)	0 (0.0%)	1 (1.4%)
TOTAL*	23 (99.9%)	51 (100.0%)	71 (100.0%)

*Percentages may not add to 100% due to rounding.

Highest Credential

The highest credential held by faculty respondents is presented in Table 2. A majority of the DNP group (64.7%) reported a baccalaureate in nursing as the highest credential received, while a large percentage of BNP faculty (47.8%) reported doctoral preparation. Only one respondent in a DNP reported a diploma in nursing as the highest credential. One BNP respondent held a baccalaureate in nursing as the highest degree, compared with 33 (64.7%) of the DNP group. Almost twice as many BNP faculty (7) as DNP faculty (4) reported a Masters in nursing as the highest credential. Four (17.4%) BNP faculty held Masters degrees listed as "Other" (3 - Masters in Education, 1 - Masters in Health Sciences), compared with 12 (23.5%) of the DNP group (9 - Masters in Education, 1 - Masters in Health Sciences, 1 - MBA, 1 - not specified). It is interesting to note that three times as many DNP faculty hold a Master of Education degree than a Master of Nursing as the highest credential. This stands in contrast to the BNP group, where almost twice as many faculty hold a Master in Nursing degree.

Table 2
Highest Credential Held by Nursing Faculty (N=74)

CREDENTIAL	BNP		DNP		TOTAL	
Diploma in Nursing (RN)	0	(0.0%)	1	(2.0%)	1	(1.4%)
Baccalaureate in Nursing (BN/BSN)	1	(4.3%)	33	(64.7%)	34	(45.9%)
Baccalaureate in Other Field	0	(0.0%)	0	(0.0%)	0	(0.0%)
Masters in Nursing (MN/MSN)	7	(30.4%)	4	(7.8%)	11	(14.9%)
Masters in Other Field	4	(17.4%)	12	(23.5%)	16	(21.6%)
Doctorate in Nursing	3	(13.0%)	1	(2.0%)	4	(5.4%)
Doctorate in Other Field	8	(34.8%)	0	(0.0%)	8	(10.8%)
Other	0	(0.0%)	0	(0.0%)	0	(0.0%)
TOTAL*	23	(99.9%)	51	(100.0%)	74	(100.0%)

*Percentages may not add to 100% due to rounding.

Demographic data also revealed more BNP faculty (11) have attained doctoral degrees than have DNP faculty (1). This data may reflect the trend in baccalaureate programs across the country to encourage doctoral preparation and to appoint doctorally prepared BNP faculty. Further, eight (34.8%) of the BNP faculty held doctorate degrees listed as "Other" (6 - Doctorates in Education; 1 - Doctorate in Epidemiology; 1 - Doctorate in Health Sciences). The fact that Ph.D. in nursing programs are not currently offered in Canada may be one reason for the extent of faculty holding doctorates in fields other than nursing.

Nursing Experience

The number of years of nursing practice of the respondents is indicated in Table 3. The largest percentage of the nurse faculty (37.8%) had more than 21 years of nursing practice; the second largest percentage (33.8%) had 16 to 20 years of nursing practice. The number of years of nursing practice of the two groups were similar; however, when the aforementioned intervals are combined, the percentage of BNP faculty with more than 16 years of practice (78.2%) was slightly higher than the DNP group (68.6%).

Table 3
Number of Years of Nursing Practice as Reported by Faculty (N=74)

INTERVAL	BNP	DNP	TOTAL
Less than five	1 (4.4%)	2 (3.9%)	3 (4.1%)
5 - 10	3 (13.0%)	3 (5.9%)	6 (8.1%)
11 - 15	1 (4.4%)	11 (21.6%)	12 (16.2%)
16 - 20	7 (30.4%)	18 (35.3%)	25 (33.8%)
21 +	11 (47.8%)	17 (33.3%)	28 (37.8%)
TOTAL	23 (100.0%)	51 (100.0%)	74 (100.0%)

Meetings Attended

Table 4 presents the number of regional or national meetings attended in which the concepts of collaborative programming were discussed. A majority of the respondents (52.7%) had attended three meetings or more. The criterion of full-time employment may have increased the percentage of meetings attended since full-time

faculty are more likely to be on regional or inter-institutional committees than part-time or sessional faculty. Nonetheless, approximately 16 percent of the respondents had never attended a meeting in which the concepts of collaborative programming were discussed. This is an important finding as theoretical literature recognizes the "meeting process" as an essential element in nurturing and developing collaborative arrangements.

Table 4
Number of Regional or National Meetings Attended in Which the Concepts of Collaborative Programming Were Discussed (N=74)

NUMBER OF MEETINGS	BNP	DNP	TOTAL
None	2 (8.7%)	10 (19.6%)	12 (16.2%)
One	2 (8.7%)	7 (13.7%)	9 (12.2%)
Two	6 (26.1%)	6 (11.8%)	12 (16.2%)
Three or More	12 (52.2%)	27 (52.9%)	39 (52.7%)
No Response	1 (4.3%)	1 (2.0%)	2 (2.7%)
TOTAL	23 (100.0%)	51 (100.0%)	74 (100.0%)

Perception About Being Informed

Table 5 indicates the participants' perceived level of knowledge regarding the issues addressed in the survey. A majority of the faculty (52.7%) perceived themselves as being reasonably well informed. Only 2.7 percent of the participants considered themselves not well informed. Since the chance for success of any innovation is in part dependent upon the adequacy of knowledge held by the individuals within the environment, this is an important finding. Perception of knowledge, however, may not equal knowledge, and could even be a stumbling block to becoming better informed.

Table 5
Level of Participants' Knowledge of Issues in Survey (N=74)

HOW WELL INFORMED	BNP	DNP	TOTAL
Not Well	0 (0.0%)	2 (3.9%)	2 (2.7%)
Reasonably Well	13 (56.5%)	26 (51.0%)	39 (52.7%)
Very Well	10 (43.5%)	23 (45.1%)	33 (44.6%)
TOTAL	23 (100.0%)	51 (100.0%)	74 (100.0%)

Summary

An analysis of the demographic data collected from the nursing faculty revealed the following:

1. A majority of the nurse faculty (69%) were employed in diploma nursing programs. This finding is representative of the nurse faculty population in Alberta.
2. Basic preparation for licensure for over half of each group, BNP and DNP, was at the diploma level [BNP: N=17 (73.9%); DNP: N=37 (72.5%)].
3. A majority of the DNP faculty group (64.7%) reported a baccalaureate degree in nursing as the highest credential held. In the BNP faculty group, equal percentages of faculty reported a doctorate (47.8%) or a Masters degree (47.8%) as the highest credential held. Since over one-half of each group had received their basic preparation for licensure at the diploma level, the majority of the faculty in this study are likely to be products of two plus two programming.
4. The largest percentage of the nurse faculty (37.8%) had more than 21 years of nursing practice; the second largest percentage (33.8%) had 16 to 20 years of nursing practice.

5. A majority of the nurse faculty (52.7%) had attended three or more meetings in which the concepts of collaborative programming were discussed. Approximately 16 percent had never attended such a meeting.
6. A majority of the nurse faculty (52.7%) perceived themselves as being reasonably well informed regarding the issues addressed in the survey. Only 2.7 percent considered themselves not well informed.

Numerical Analysis of Likert Items

In this section the responses of the two faculty groups to the 44 Likert items in Part I of the questionnaire are presented. For each of the Likert items, participants indicated the extent to which they agreed or disagreed with the statement. The data, number and percentages of agree and disagree are presented in table form with the mean responses and standard deviations for each of the BNP and DNP groups. A higher item mean indicates stronger respondent agreement with the item, since the original scale was 1 to 4, where 1 = strongly disagree (SD), 2 = disagree (D), 3 = agree (A), and 4 = strongly agree (SA). Undecided responses (UD) were coded as zero.

The Chi Square statistic was utilized to test for significant differences between the two faculty groups. For the purposes of the Chi Square analysis, strongly agree and agree responses were combined into an "agree" category; similarly, strongly disagree and disagree responses were combined into a "disagree" category. On the basis of the literature review, interviews and a personal understanding of the major issues, the investigator predicted a significant difference between DNP and BNP faculty responses on questionnaire items 4, 10, 11, 12, 13c, 13f, 16, 17, 21c, and 21f. These ten items were then tested by Chi Square analysis. Nine of the ten predicted differences were found to be statistically at the .05 level. Following this, in order to further explore the data, a Chi Square value was calculated for each of the items under investigation in the study. The final results indicated a significant difference between BNP and DNP faculty on 12 of

the 44 Likert items. Because of the possibility of getting some significant difference by chance given the large number of Chi Square tests run, an alpha level of .02 was used rather than the traditional .05, to determine whether differences were statistically significant. The 12 significant items are discussed under the appropriate sections that follow.

Opinions About Nursing Entry to Practice

Tables 6A and 6B present the analysis of the questionnaire items addressing faculty perceptions of nursing entry to practice. Of the 12 items, five showed a significant difference in responses between the BNP and DNP groups (Items 2, 4, 10, 11 and 12). In the discussion that follows, the number of the item being considered is shown in parenthesis.

An examination of the data in Table 6 shows that both groups perceived the present system of nursing education to be inadequate in meeting the health care needs of society (1); in providing for educational and career mobility (3); and in the kind and amount of communication between its educational components (2). While both groups disagreed that the present system of nursing education has developed adequate means of communication between its components, all of the BNP group disagreed compared with 79 percent of the DNP group. The difference in perception between the two groups was statistically significant ($\chi^2 = 5.23$; $df = 1$; $p = .02$). As communication is an essential element in a productive working relationship, the data suggests a possible impediment to inter-institutional planning.

A higher proportion of BNP faculty (96%) than DNP faculty (66%) agreed with item 4, that having two different levels of entry into nursing practice has weakened the image of nursing as a profession. This difference in perception was statistically significant ($\chi^2 = 7.07$; $df = 1$; $p = .008$). Knowledge based on experience, and possibly some degree of allegiance to diploma education may help to explain why more DNP faculty than BNP faculty disagreed with this statement.

Table 6A
BNP and DNP Faculty Perceptions of Nursing Entry to Practice

Questionnaire Item	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
1. The present system of nursing education is adequate for meeting the health care needs of the society which it serves.	BNP	23	0	0	48	48	4	0	1.6	.59
	DNP	51	0	0	27	61	8	4	1.9	.71
2. The present system of nursing education has developed adequate means of communication among and between the components.	BNP	22	1	0	18	82	0	0	1.8	.40
	DNP	49	1	1	24	55	18	2	2.0	.72
3. The present system of nursing education provides for adequate upward education and career mobility.	BNP	23	0	0	17	57	26	0	2.1	.67
	DNP	51	0	0	29	45	20	6	2.0	.86
4. Having two different levels of entry into nursing practice (diploma and baccalaureate) has weakened the image of nursing as a profession.	BNP	22	0	1	0	5	32	64	3.6	.59
	DNP	50	0	1	12	22	40	26	2.8	.97
5. By the year 2000, the preparation for entry into nursing practice should be a baccalaureate degree.	BNP	23	0	0	0	0	17	83	3.8	.39
	DNP	48	0	3	0	4	35	60	3.6	.58
6. A baccalaureate degree in nursing should remain optional after the year 2000.	BNP	23	0	0	52	43	4	0	1.5	.59
	DNP	49	0	2	41	47	12	0	1.7	.68

* May not add to 100% due to rounding.
** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

Table 6B
BNP and DNP Faculty Perceptions of Nursing Entry to Practice (cont'd)

Questionnaire Item	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
7. EP 2000 is based upon the best projections the profession can make concerning client requirements for nursing care.	BNP	21	1	1	0	5	67	29	3.2	.54
	DNP	46	0	5	0	11	54	35	3.2	.64
8. The EP 2000 proposal is primarily an attempt to raise the status of nursing as a profession.	BNP	23	0	0	4	65	26	4	2.3	.64
	DNP	48	0	3	8	50	38	4	2.4	.70
9. Evaluating and changing existing programs should be a prime consideration in planning for EP 2000.	BNP	23	0	0	4	0	70	26	3.2	.65
	DNP	46	1	4	2	15	37	46	3.3	.80
10.The present method of two & two educational programming compromises the quality of a baccalaureate degree.	BNP	20	0	3	5	20	60	15	2.9	.75
	DNP	47	0	4	19	45	26	11	2.3	.90
11.In two & two educational programming, diploma nursing programs give the necessary prerequisite knowledge and skills for the baccalaureate level of study.	BNP	20	0	3	10	70	20	0	2.1	.56
	DNP	42	0	9	0	24	60	17	2.9	.64
12.Two & two programming should be available only for those RNs presently in the system and should be phased out after the year 2000.	BNP	20	0	3	5	5	65	25	3.1	.72
	DNP	48	0	3	6	35	35	23	2.8	.89

* May not add to 100% due to rounding.
 ** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

Examination of the responses to Items 5 and 7 revealed no significant difference between groups regarding support for EP 2000; that is, both groups agreed that by the year 2000, the preparation for entry into nursing practice should be a baccalaureate degree (5), and both groups agreed that EP 2000 is based upon the best projections the profession can make concerning client requirements for nursing care (7). These two concepts, then, suggest a broad base of support for EP 2000.

Examination of the results of Items 10, 11 and 12 revealed a significant difference in perception for each. For Item 10, a higher proportion of BNP faculty (75%) than DNP faculty (37%) agreed that the present method of two plus two educational programming compromises the quality of a baccalaureate degree ($\chi^2 = 8.48$; $df = 1$; $p = .004$). For Item 11, more BNP faculty (80%) than DNP faculty (24%) disagreed that in two plus two educational programming, diploma nursing programs give the necessary prerequisite knowledge and skills for the baccalaureate level of study ($\chi^2 = 17.57$; $df = 1$; $p = .0001$). For Item 12, a higher proportion of BNP faculty (90%) than DNP faculty (58%) agreed that two plus two programming should be phased out after the year 2000 ($\chi^2 = 6.47$; $df = 1$; $p = .011$). These findings seem to imply that many BNP educators believe that there are issues and concepts taught in the lower division of a baccalaureate program to which the registered nurse student has not been exposed. In contrast, DNP educators seem more confident regarding equality of preparation. These differences in perception may reflect the fact that the definition and means to baccalaureate preparation are contested issues within the nursing profession, or may reflect an understanding of, or belief in, the program in which one works.

Opinions About Ways to Work Towards EP 2000

Table 7 presents the analysis for the six items addressing faculty perceptions of ways to work towards EP 2000. Only two of the six items (13c and 13f) showed a significant difference in response between the BNP and DNP group.

Table 7
BNP and DNP Faculty Perceptions of Programming Alternatives to Work Towards EP 2000

Questionnaire Item	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
13. To facilitate baccalaureate entry to practice:										
a) enrollment quotas for four-year generic baccalaureate programs should be increased.	BNP	23	0	0	0	0	43	57	3.6	.51
	DNP	47	1	3	4	6	51	38	3.2	.76
b) access to baccalaureate programming should be increased by such means as outreach programs.	BNP	22	0	1	0	0	55	45	3.5	.51
	DNP	49	1	1	0	4	51	45	3.4	.57
c) colleges should seek degree-granting status.	BNP	18	0	5	33	39	11	17	2.1	1.08
	DNP	36	1	14	8	19	47	25	2.9	.89
d) transferability of course credit from diploma programs to baccalaureate programs should be increased.	BNP	18	0	5	6	22	56	17	2.8	.79
	DNP	49	0	2	0	20	49	31	3.1	.71
e) institutions offering diploma programs should become affiliates of degree-granting institutions.	BNP	21	0	2	0	0	71	29	3.3	.46
	DNP	47	0	4	4	13	53	30	3.1	.78
f) diploma programs should be gradually closed and resources transferred to degree-granting institutions.	BNP	16	1	6	0	19	56	25	3.1	.68
	DNP	44	0	7	39	36	14	11	2.0	1.00

* May not add to 100% due to rounding.
** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

In general, the data in Table 7 indicates that the two faculty groups held similar views regarding ways to facilitate baccalaureate entry to practice. Programming alternatives which were agreed upon by both faculty groups included increasing enrollment quotas in and access to baccalaureate programs, and the affiliation of diploma programs with degree-granting institutions. Although slightly more of the DNP group (80%) than the BNP group (73%) agreed that transfer of credit from diploma programs to baccalaureate programs should be increased, this difference was not statistically significant.

Examination of the results for the remaining two items (13c and 13f) revealed a significant difference in perception for each. More of the BNP group disagreed (75%) than the DNP group (27%) that colleges should seek degree-granting status (13c). The difference in perception between the two groups was statistically significant ($\chi^2 = 9.70$; $df = 1$; $p = .002$). Such a difference in perception may relate to a desire on the part of some Alberta colleges to achieve degree-granting status. Thus far, two Alberta private colleges have received approval to grant general arts and science baccalaureate degrees, and a number of the province's ten public colleges are purported to have similar degree-granting aspirations (Richardson, 1988).

Item 13f was the other item on which the BNP group response was significantly different from that of the DNP group ($\chi^2 = 15.47$; $df = 1$; $p = .0001$). A higher proportion of BNP faculty (81%) than DNP faculty (25%) agreed that to facilitate baccalaureate entry to practice, diploma programs should be gradually closed and resources transferred to degree-granting institutions. These findings may reflect the natural tendency to retain what is familiar. Or, the findings may suggest that to facilitate baccalaureate entry to practice, BNP faculty may be more likely to support an approach which requires a restructuring of the existing provincial prelicensure nursing education system. In contrast, DNP faculty may be more interested in an approach which retains existing prelicensure programs coupled with innovative utilization of their resources. As each programming alternative implies a very different approach to implementing baccalaureate entry to practice with respect to institutional autonomy and control, the data suggest a need to further explore these two options.

Opinions About Collaborative Baccalaureate Programs

Table 8 presents the analysis of the seven items addressing faculty perceptions of collaborative baccalaureate programming. Only one of the seven items (16) showed a significant difference in response between the BNP and DNP groups.

Generally, respondents disagreed that because of the multiple themes and approaches to nursing that are provided by the baccalaureate and diploma programs, collaborative programming in Alberta is not feasible (15), and both groups disagreed that the goals of baccalaureate education can best be achieved if undertaken within the university setting and not through collaborative or decentralized baccalaureate programs (18). These two concepts, then, were not seen as blocks to collaborative programming.

Similarly, both groups agreed that academic excellence and consistent content can be ensured through the use of a collaborative model (14), and both groups agreed that collaborative programming is a cost-effective means to deliver nursing education utilizing existing human, physical and clinical resources (19). These results evidence the existence of driving forces that could encourage collaborative developments.

Items 16 and 17 listed two potential strategies for adjustment of nursing curricula. When it was suggested that baccalaureate programs assume the responsibility for adjusting to diploma programs (17), the responses showed no consistent pattern as almost equal percentages of faculty agreed and disagreed with the statement. However, on the item suggesting that diploma programs assume the responsibility for adjusting to baccalaureate curricula (16), a higher percentage of the BNP group (85%) than the DNP group (42%) agreed ($\chi^2 = 10.74$; $df = 1$; $p = .001$). Overall, the data suggest that these two strategies may not hold promise as possibilities to encourage collaborative developments.

Of the 44 Likert statements, items 16 and 17 provoked the most unsolicited comments. Two respondents questioned the intent of the items: "I'm not sure what is meant here" and "These questions do not reflect how collaborative programming is

Table 8
BNP and DNP Faculty Perceptions of Collaborative Baccalaureate Programming

Questionnaire Item	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
14. Academic excellence and consistent content can be ensured through the use of a collaborative model.	BNP	18	1	4	0	0	72	28	3.3	.46
	DNP	43	0	8	0	7	56	37	3.3	.60
15. Because of the multiple themes and approaches to nursing that are provided by the baccalaureate and diploma programs, collaborative programming in Alberta is not feasible.	BNP	22	0	1	32	68	0	0	1.7	.48
	DNP	50	0	1	54	44	2	0	1.5	.54
16. Collaborative programming is desirable if diploma programs assume the responsibility for adjusting to baccalaureate curricula.	BNP	20	0	3	10	5	80	5	2.8	.70
	DNP	46	1	4	17	41	33	9	2.3	.87
17. Collaborative programming is desirable if baccalaureate programs assume the responsibility for building upon diploma competencies.	BNP	18	1	4	17	39	39	6	2.3	.84
	DNP	44	0	7	11	32	43	14	2.6	.87
18. The goals of baccalaureate education can best be achieved if undertaken within the university setting and not through collaborative or decentralized baccalaureate programs.	BNP	19	0	4	5	89	5	0	2.0	.33
	DNP	49	0	2	49	45	6	0	1.6	.61
19. Collaborative programming is a cost-effective means to deliver nursing education utilizing existing human, physical and clinical resources.	BNP	19	1	3	0	0	47	53	3.5	.51
	DNP	43	0	8	0	0	47	53	3.5	.51
20. Collaborative programming in Alberta will happen only when nurse educators are committed to action and lead the way.	BNP	22	0	1	0	0	45	55	3.5	.51
	DNP	49	0	2	0	6	43	51	3.4	.61

* May not add to 100% due to rounding.
** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

done". Two other respondents focused on the concepts of cooperation and mutual acceptance; for example: "Collaboration implies that all participants are equal partners". Another respondent stated: "Both programs must evaluate and adjust their curricula to achieve this goal". Based on these unsolicited comments, it seems reasonable to suggest that cooperative planning emerged as an important strategy to encourage collaborative developments.

Examination of item 20 showed that the BNP and DNP groups were not significantly different in their agreement that collaborative programming will happen only when nurse educators are committed to action and lead the way. The data indicates that both groups believe commitment is necessary if collaborative programming is to be accomplished, and may imply that if more broad based commitment can be obtained, faculty will work towards achieving this outcome.

Forces Impeding Collaborative Programming

Table 9 presents the analysis of the ten items addressing faculty perceptions of blocks, barriers or inhibitors to collaborative programming. Three of the ten items (21a, 21b and 21c) showed a significant difference in responses between the BNP and DNP groups.

A higher percentage of the BNP group (95%) than the DNP group (67%) agreed that the need to protect program territoriality is a block to collaborative efforts (21a). The difference in perception was statistically significant ($\chi^2 = 6.22$; $df = 1$; $p = .013$). This finding suggests that, in general, BNP faculty see the need to protect program territoriality as a greater impediment to collaborative programming than do DNP faculty. In view of this finding, consideration must be given to overcoming the phenomenon of "vested interests" which may be functioning within the environment.

All of the BNP group agreed, whereas only 73 percent of the DNP group agreed that different philosophies of nurse educators on what comprises baccalaureate education is a block to collaborative efforts (21b). The difference in perception of the two groups was

Table 9
BNP and DNP Faculty Perceptions of Forces Impeding the Development of Collaborative Baccalaureate Programs

Questionnaire Item (Forces Impeding)	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
21. a) the need to protect existing program territoriality.	BNP	21	0	2	5	0	76	19	3.1	.62
	DNP	49	1	1	4	29	57	10	2.7	.70
b) different philosophies on the part of both diploma and baccalaureate educators on what comprises baccalaureate education.	BNP	18	1	4	6	6	61	28	3.1	.76
	DNP	48	1	2	10	38	44	8	2.5	.80
c) concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses.	BNP	21	0	2	0	0	67	33	3.3	.48
	DNP	46	1	4	9	15	67	9	2.8	.74
d) difficulties in mobilizing inter-institutional processes and in maintaining action.	BNP	21	0	2	0	23	67	10	2.9	.57
	DNP	48	1	2	4	21	67	8	2.8	.65
e) lack of faculty time or opportunities to work on collaborative programming.	BNP	21	0	2	5	19	62	14	2.9	.73
	DNP	49	1	1	6	29	47	18	2.8	.82
f) faculty concerns regarding job security and terms of employment.	BNP	17	0	6	0	12	76	12	3.0	.50
	DNP	48	1	2	4	29	58	9	2.7	.68
g) lack of evidence that the baccalaureate is necessary for effective nursing practice.	BNP	20	0	3	15	70	10	5	2.1	.69
	DNP	48	1	2	27	46	19	8	2.1	.90
h) lack of provincial government support for EP 2000.	BNP	20	0	3	0	5	35	60	3.6	.61
	DNP	47	1	3	2	8	45	45	3.3	.73
i) the stance of nursing unions opposing the implementation of EP 2000.	BNP	19	0	4	0	16	74	11	2.9	.52
	DNP	44	1	6	2	39	48	11	2.7	.71
j) restricted provincial funds for higher education.	BNP	21	0	2	0	5	29	67	3.6	.59
	DNP	46	1	4	4	4	52	39	3.3	.74

* May not add to 100% due to rounding.
** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

statistically significant ($\chi^2 = 7.54$; $df = 1$; $p = .006$). This finding underscores the fact that there is no generally accepted definition of nursing education within the profession. In addition, much of the resistance to collaborative programming may rest on failure to reach consensus on the fundamental issue of what constitutes baccalaureate education. More attention paid to definition would clarify content and perhaps allow greater progress on collaboration to be made.

Finally, examination of the results for Item 21c indicated that all BNP faculty agreed, whereas only 76 percent of the DNP faculty agree that concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses is a block to collaborative efforts. The difference in perception was statistically significant ($\chi^2 = 6.01$; $df = 1$; $p = .014$). Demographic data collected for the study also revealed that more BNP faculty have attained master and doctoral degrees than have DNP faculty. This fact combined with the trend to encourage doctoral preparation and appoint doctorally prepared faculty in baccalaureate programs may help to explain why BNP faculty are concerned about the academic qualifications of DNP faculty to deliver university transfer courses.

In general, both faculty groups agreed that the following forces are impeding the development of collaborative programs: difficulties in mobilizing inter-institutional processes and in maintaining action; lack of faculty time or opportunities to work on collaborative programming; faculty concerns regarding job security and terms of employment; lack of provincial government support for EP 2000; the stance of nursing unions opposing the implementation of EP 2000, and; restricted provincial funds for higher education. However, both groups disagreed with the suggestion that a lack of evidence for the baccalaureate in nursing practice is impeding the development of collaborative programs. Chi Square results indicated no significant difference between the groups on these items.

Item 21 also contained an open-ended statement asking participants to identify any

"other" forces which may be impeding the development of collaborative baccalaureate programs. A total of 11 additional forces were contributed by nine respondents. The responses are paraphrased below with the frequency shown in parenthesis:

- Nurses generally lack skills in the political process, for example, marketing of EP 2000 (1 - BNP, 1 - DNP).
- The lack of understanding by Advanced Education of nursing's changing role and the need for further education (2 - DNP).
- The health care delivery system itself and other stakeholders, for example, physicians (1 - DNP).
- The low priority of government to fund women in "caring" professions (1 - DNP).
- Lack of creativity and risk-taking by both diploma and baccalaureate educators (1 - DNP).
- Lack of information about collaborative programming and how to work on it (1 - DNP).
- Lack of guidance re: standard baccalaureate content (! - DNP).
- Restrictions of union contracts - specifically UNA (1 - DNP).
- All programs will need to adjust. There will be gains and losses on both sides (1 - DNP).

Respondents were also asked to rate their response using the four point scale where 1 = strongly disagree and 4 = strongly agree. Seven of the identified forces were assigned a rating of 4; the remaining four forces were not assigned a rating.

In summary, some of the write-in comments regarding impediments to collaborative programming related to elements of implementation, such as a lack of information on how to proceed and what content to include. Other respondents focused on the lack of government support for advanced nursing preparation and an environment within the health care system that is generally resistant to change. A lack of creativity and risk-taking among nurse educators, and inadequate skills in the political arena were also identified as impediments to collaborative programming.

Forces Encouraging Collaborative Programming

Table 10 presents the nine items addressing faculty perceptions of supports, aids or motivators for collaborative programming. Only one item (22b) showed a significant difference in response between the two groups.

A higher proportion of BNP faculty (95%) than DNP faculty (63%) agreed that increased employer demand for baccalaureate prepared nurses is a force encouraging the development of collaborative programs. The difference in perception between the two groups was statistically significant ($\chi^2 = 8.037$; $df = 1$; $p = .005$). The results suggest that BNP faculty feel more positive than do DNP faculty about increased employer demands for baccalaureate prepared nurses.

For the remaining items, both faculty groups generally agreed that the following forces are encouraging the development of collaborative programs: increased student demands for baccalaureate education; a positive institutional climate for cooperative ventures; increased commitment of nursing faculty to work collaboratively among institutions; similarities in the organizing threads of current programs; a belief that credible education can be attained at institutions other than one's own; a desire to retain the strengths and resources of diploma education; changes in health care concepts, and; the EP 2000 position statements of the AARN and CNA. Chi Square results indicated no significant difference between the groups on these items.

Question number 22 also included an open-ended statement asking participants to identify any "other" forces which may be encouraging the development of collaborative baccalaureate programs. A total of 11 "other" forces were contributed by nine respondents. These forces are paraphrased below with the frequency of the response shown in parenthesis:

- Changing societal demands for health care, for example: lifestyle issues, health promotion and prevention (1 - BNP and 2 - DNP).
- Personal and professional recognition of the need to rework existing programs to meet the needs of the future nurse (1 - DNP).

Table 10
BNP and DNP Faculty Perceptions of Forces Encouraging the Development of Collaborative Baccalaureate Programs

Questionnaire Item (Forces Encouraging)	Group	Frequency			% of Responses*				M**	SD
		N	No Response	UD	SD	D	A	SA		
22. a) increased student demands for baccalaureate education.	BNP	22	0	1	0	9	68	23	3.1	.56
	DNP	50	0	1	2	14	72	12	2.9	.59
b) increased employer demands for baccalaureate prepared nurses.	BNP	22	0	1	0	5	68	27	3.2	.53
	DNP	49	0	2	4	32	55	8	2.7	.69
c) a positive institutional climate and support system for cooperative ventures.	BNP	18	0	5	0	17	72	11	2.9	.54
	DNP	49	0	2	4	18	65	12	2.9	.68
d) increased commitment of nursing faculty to work collaboratively among institutions.	BNP	21	0	2	0	5	71	24	3.2	.51
	DNP	50	0	1	0	12	64	24	3.1	.59
e) similarities in the conceptual framework and organizing threads of current diploma and baccalaureate programs.	BNP	16	0	7	6	44	50	0	2.4	.63
	DNP	47	0	4	6	40	34	19	2.7	.87
f) a belief that legitimate and credible education can be attained at institutions other than one's own.	BNP	15	0	8	0	27	53	20	2.9	.70
	DNP	47	0	4	2	21	51	26	3.0	.75
g) a desire to retain the strengths and resources of diploma education.	BNP	16	0	7	6	25	56	13	2.8	.78
	DNP	48	0	3	2	15	69	15	3.0	.62
h) changes in health care concepts which require baccalaureate preparation.	BNP	22	0	1	0	5	59	36	3.3	.57
	DNP	51	0	0	2	10	61	27	3.1	.66
i) the Entry to Practice position statements of the AARN and CNA.	BNP	20	1	2	0	10	70	20	3.1	.55
	DNP	48	1	2	2	6	58	33	3.2	.66

* May not add to 100% due to rounding.
** Means based on a 4 point scale where 1 = strongly disagree, 4 = strongly agree.

- Examples of institutions which are successfully moving toward collaborative programming (1 - ENP).
- Commitment of educators to EP 2000 (1 - DNP).
- The attempt to raise the status of nursing as a profession (1 - DNP).
- The demand by consumers for high-quality nursing care (1 - BNP).
- A desire to retain the strengths and resources of diploma programs (1 - DNP).
- A desire to retain the strengths and resources of baccalaureate programs (1 - DNP).

All but one respondent assigned a rating of strongly agree (4) to their response. The respondent who wrote in "a desire to retain the strengths and resources of baccalaureate education" assigned a rating of "one" (strongly disagree) to that statement. The assigned rating of one is difficult to interpret.

Summary. The facilitators and barriers that faculty indicated were inherent in collaborative baccalaureate programming have been identified in this section. As stated in the Methods section of Chapter III, Lewin's (1951) force field theory provided the framework and terminology to conceptualize, analyze and categorize the arguments inherent in collaborative programming. Using this theory, Figure 3 was designed to represent the forces that are operant in the collaborative programming force field. The strength and direction of the forces are graphically illustrated by the length of the arrow; percentages are based on the number of respondents agreeing with each item.

Figure 3 illustrates the forces driving towards and restraining against change. In rank order, the five forces identified most frequently as encouraging the development of collaborative programs were: 1) the EP 2000 position statements of the AARN and CNA; 2) the increased commitment of nursing faculty to work collaboratively among institutions; 3) changes in health care concepts which require baccalaureate preparation; 4) increased student demands for baccalaureate education, and; 5) a desire to retain the strengths and resources of diploma education.

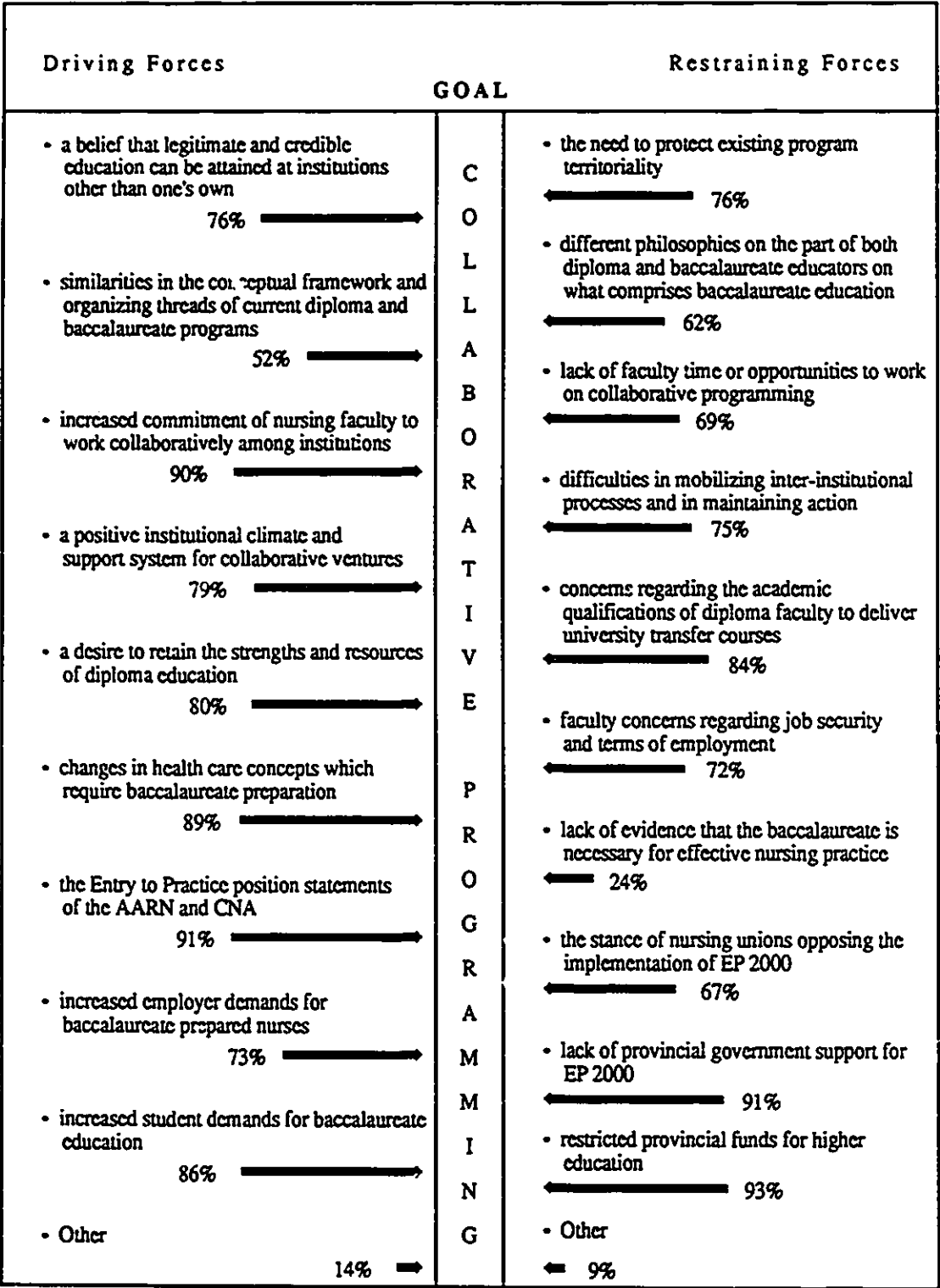


Figure 3: The Collaborative Programming Force Field - Percent of Respondents Agreeing

Similarly, the five forces identified most frequently as impeding the development of collaborative programs were: 1) restricted provincial funds for higher education; 2) lack of provincial government support for EP 2000; 3) concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses; 4) the need to protect existing program territoriality, and; 5) difficulties in mobilizing inter-institutional processes and in maintaining action. Since an important aspect of planning is the identification of sources of support and the knowledge of where barriers to change exist, this force field analysis offers a workable frame of reference for those initiating and implementing planned change.

Opinion Statements

Part II of the questionnaire contained two open-ended statements which addressed the major issues under study. Many of the participants wrote lengthy comments and even letters to explain their responses. These responses broadened and enriched the understandings gained from the study, and provided some insight into the personal views of the subjects which may not have emerged from the descriptive and statistical analysis.

Support for EP 2000

The first statement asked participants to indicate whether or not they supported the EP 2000 mandate and to give reasons for their choice. This provided further information for the first research question. The results of the analysis are presented in Tables 11 and 12. Table 11 presents the results of the inquiry of EP 2000 support by the two faculty groups.

Table 11
Expressed Support of the EP 2000 Mandate as Reported by BNP and DNP Faculty

	Support	Do Not Support	No Response
BNP (N=23)	23 (100.0%)	0 (0.0%)	0 (0.0%)
DNP (N=51)	46 (90.2%)	0 (0.0%)	5 (9.8%)
Total (N=74)	69 (93.2%)	0 (0.0%)	5 (6.8%)

The majority of the participants (93%) expressed support for the EP 2000 mandate. This included 100 percent of the BNP group and 90 percent of the DNP group. While a larger percentage of support came from BNP faculty, it is evident that when asked directly, many more faculty from both programs support the EP 2000 mandate than do not support.

Although there were no positions of non-support taken by the respondents, five participants from the DNP group did not respond to the EP 2000 statement. One non-respondent provided a lengthy explanation for not indicating a position. Ambivalence about supporting the EP 2000 mandate is evident in the following quotation:

My response to your questionnaire has been somewhat schizophrenic. I feel strongly that some firm distinction must be made to determine whether there are benefits to the people of Alberta in having a baccalaureate prepared nurse caring for them rather than a diploma prepared nurse. I honestly believe there would be little difference in level or standard of care given, since care is excellent now The move to go to EP 2000 I believe is part and parcel of nursing's "inferiority complex" - as a profession. It is true that other professions are prepared at the university level. It is also true that any sort of post-secondary advancement is broadening - there lies my "schizophrenic dilemma." (DNP)

In addition, a mild element of skepticism was expressed by two DNP educators who added conditional statements to their position of support for EP 2000. These two

statements were: “if it does not diminish the art and practice of nursing developed to date” and, “not necessarily by the year 2000”. In spite of this ambivalence on the part of those three respondents, an overwhelming majority view EP 2000 as a positive move for nursing.

A content analysis of the participants' write-in responses followed the steps identified by Waltz, Strickland and Lenz (1984). The categories were derived inductively from the responses through an iterative approach, a process which continued until the categories were exhaustive and mutually exclusive. The first step involved placing all of the original responses on large sheets of graph paper. Responses were then carefully studied, and phrases or sentences embodying ideas or making an assertion about EP 2000 were highlighted. The next step was the development of a category system for classifying units of content. A natural, nonhierarchical taxonomy of eight categories with neutral titles resulted, (Societal Trends, Consumer Needs/Demands, Knowledge and Technical Demands, Intellectual and Judgemental Demands, Curricular Concerns, Professionalism, Philosophical Issues, and Miscellaneous). Since some categories contained only one or two responses, the original taxonomy of eight categories was reduced to four logically derived categories to augment understanding of the issue dynamics. Revision and refinement was accomplished each time the original headings were sorted and placed under newly defined headings. To foster coding consistency and the reliability of the taxonomy, an outside person reviewed all subject responses to ensure statements were descriptive of the categories. Responses in each category were then sorted by program group, and tabulated into frequencies and percentages. The final categories were: 1) Societal and Practice Related Demands; 2) Knowledge and Skill Requirements; 3) Unity and Benefit to the Profession, and 4) Other. Each category is described as follows with selected examples of actual responses which indicated willingness to support EP 2000. The quotes presented are exact, except that grammatical or spelling errors have been corrected.

Societal and Practice Related Demands. This category included 30 comments indicating the need to upgrade professional standards and educational requirements to better meet the changing health care needs of society and increase the quality of health care. Examples of responses in this category were:

[I support EP 2000 because] of the changing environment of the delivery of health care, the cost of treatment, the commitment to prevention, [and] the scope and acuity of illness requiring an increased educative process. (DNP)

The future of nursing will be more community based functioning with more need for autonomy. I think the health care system will call more on nursing expertise and we must be in a position to provide it(DNP)

. . . baccalaureate education is necessary to equip future nurses with the skills to meet the increased demands of patient care and the ability to respond to identified changes in health care. (BNP)

Knowledge and Skill Requirements. This category included 24 comments indicating the need for a broader and more extensive education to better meet the increased knowledge and skill requirements of graduates. Within this category, some respondents focused on the “compressed time frame” of diploma programming; for example, “. . . it is impossible to educate a nurse in 3 years or less. Four years is required.” Other respondents focused on the relative virtues/deficits of present programs and the capabilities, or lack thereof, of their respective graduates; for example: “I see BN nurses as more creative, flexible and able to express themselves clearly” and “. . . present diploma preparation does not produce the ‘necessary’ graduate” Others focused on the need to offer a curriculum with the depth and breadth to foster the intellectual and judgemental skills (for example, “. . . critical thinking, decision making and leadership ability”) associated with advanced technology, older and sicker patients, innovative practice settings, expanded roles and evolving practice autonomy. Typical responses which referred to the category of knowledge and skill requirements of graduates included:

Baccalaureate education provides a broad base of knowledge, stimulates thinking, and promotes development of thinking skills. The increasing complexity of nursing plus the increasing need for independent decision making necessitates such skills. It is my experience that fewer diploma prepared nurses have these skills. (DNP)

Nursing has become increasingly complex and a two-year, technically based program simply cannot provide all the necessary background. (BNP)

We badly need nurses who can think together about care, practice, issues and systems from a research-based, documented, systematic analytical perspective. (BNP)

Our delivery of nursing care has become more sophisticated requiring nurses to have concepts of research, issues, management, etc. . . . (BNP)

Unity and Benefit to the Profession. This category included 17 comments related to unity and professionalism, with subsequent benefits in the educational, political and nursing service areas. Recurrent themes included: 1) promoting the professional status of nursing by upgrading to the minimum credential required by other health care professionals, thereby giving interdisciplinary recognition, and, 2) decreasing the professional fragmentation, disunity and confusion about titles and practice competencies. Examples of responses in this category are as follows:

I believe it will enhance our credibility as a professional organization and our working relations with other professionals - most of whom are prepared at the baccalaureate level. (DNP)

To be recognized as a professional by other disciplines, etc., a baccalaureate is a must. (BNP)

It will help to eliminate the confusion and problems that result from different educational preparations(DNP)

Knowledge is power. With increased knowledge base we will be in a better position to define what nursing practice is. (BNP)

Other. Reasons which could not be sorted into the preceding categories were included as other. This category included five comments ranging from philosophical beliefs about EP 2000 to general statements about nursing education. Examples of responses in this category are as follows:

I believe that if deadlines (ie. Year 2000) are not set, action will not be taken to plan for baccalaureate education. (DNP)

I agree with the need for higher education. I was a diploma grad then went on to further my education and realized what I had missed. (BNP)

The patient deserves a nurse whose competency is assured by a broadened educational experience. The nursing student deserves the recognition of a baccalaureate degree - her present preparation exceeds diploma expectations . . . (DNP)

The categories are summarized in Table 12, along with the number of responses within each group supportive of EP 2000. A total of 76 reasons were presented by 58 of the 69 participants who supported EP 2000. Eleven participants (1 BNP and 10 DNP) did not give reasons for their support.

Table 12 reveals striking similarities among the two faculty groups when BNP and DNP responses are compared by both frequency and percent. It is apparent that a broad consensus exists among nurse educators in terms of the reasons for supporting EP 2000. In rank order of importance, the category of reasons were: 1) Societal and Practice Related Demands; 2) Knowledge and Skill Requirements; and 3) Unity and Benefit to the Profession.

Table 12
Reasons given by BNP and DNP Faculty Who Support the EP 2000 Mandate (N=69)

Reasons for Support	<i>BNP Responses</i>		<i>DNP Responses</i>	
	Number	Percent	Number	Percent
1. Societal and Practice Related Demands	12	44.5	18	36.7
2. Knowledge and Skill Requirements	10	37.0	14	28.6
3. Unity and Benefit to the Profession	4	14.8	13	26.5
4. Other	1	3.7	4	8.2
Total Responses	27	100.0	49	100.0

Summary. It is evident that an overwhelming majority of BNP and DNP faculty support the EP 2000 mandate. Each group identified the need to upgrade professional standards and educational requirements to better serve society (consumers, patients, hospitals, marketplace demands and the profession) and better meet the increased intellectual, technical and judgemental demands required by the expanded roles in nursing practice.

Support for Collaborative Programming

The second open-ended statement asked participants to indicate whether or not they supported the development of collaborative programming in Alberta and to give reasons for their choice. The participants’ responses about collaborative programming provided further information for the second research question.

The results of the analysis are presented in Tables 13 and 14. Table 13 reveals that almost 91 percent of the participants expressed support for the development of collaborative baccalaureate programs. This included 90 percent of the DNP group and 91 percent of the BNP group. It also appears, that when participants are asked directly whether they support or do not support collaborative developments, there are no participants who do not support collaborative efforts.

Table 13
Expressed Support of BNP and DNP Faculty for the Development of Collaborative Baccalaureate Programs (N=74)

	Support	Do Not Support	No Response
BNP (N=23)	21 (91.3%)	0 (0.0%)	2 (8.7%)
DNP (N=51)	46 (90.2%)	0 (0.0%)	5 (9.8%)
Total (N=74)	67(90.5%)	0(0.0%)	7(9.4%)

Although it is evident that all participants who provided a response to this question were willing to support the development of collaborative baccalaureate programs, seven faculty members did not respond to this question. Of these seven non-respondents, one faculty member offered the following statement as an explanation for not indicating a position:

[I am] not sure what is meant by collaborative: the degree granting institution has the responsibility for standard - the "others" must accept some leadership. (BNP)

Responses were analyzed and categorized in a manner similar to the previous open-ended statement. A nonhierarchical taxonomy of five categories resulted: 1) Resource Issues; 2) Programmatic Issues; 3) Professional Issues; 4) Pragmatic Issues, and 5) Other. Each category is described as follows with selected examples of actual responses which indicated willingness to support collaborative programming.

Resource Issues. This category included 34 comments which centered around the opportunity of collaborative efforts to utilize and consolidate existing human, physical and financial resources in an effective and efficient manner. An underlying theme which appeared to emerge in the comments was the potential of collaborative arrangements to "capitalize on the strengths" and "combine the best of all programs", resulting in a "better program in the future." The following comments exemplify these beliefs:

Realistically, we must utilize all available resources to provide enough nurses. The university programs, as they stand today, are not perfect and can't meet all the future needs. The best from all programs makes sense to me. (DNP)

We need to use all of the resources and talent in order to meet the demands of quality education(BNP)

I believe we must work within existing resources if we are to achieve our goal in today's financial climate. (BNP)

We cannot afford to overlook the rich resources currently within the diploma system. (BNP)

Programmatic Issues. This category included 21 comments related to the processes

and concerns of curriculum change (ie., educational content, accessibility) and the benefits realized from coordinating inter-institutional educational efforts. Examples of responses in this category are as follows:

It promotes access to baccalaureate programs for students (BNP)

It enhances inter-institutional relationships and promotes commitment and resolution of difficulties. (DNP)

. . . It will also allow universities to further expand/promote graduate level programs in Masters and hopefully PhDs. (DNP)

It helps standardize curriculum(DNP)

Professional Issues. This category included 12 comments related to developing a united front through collaborative programming, with subsequent benefits in the educational, political and nursing service areas. Examples of responses in this category are as follows:

It [collaborative programming] benefits the profession by maximizing the use of facilities and faculties, thus more coordination, consistency and unity. (BNP)

It [collaborative programming] would help to decrease the professional fragmentation over credentials and practice competencies. (BNP)

By combining our individual resources, and planning an innovative approach to nursing education, we can achieve synergy. (DNP)

Pragmatic Issues. This category included 10 comments related to reasons which respondents felt were common sense, practical or reality based. The following responses exemplify this category:

I believe collaboration is the most realistic approach at present to move towards EP 2000. (BNP)

[I support collaborative programming] as an interim measure and movement towards EP 2000 objectives. (BNP)

It is less threatening for transition period. (DNP)

It is a step in the right direction . . . and makes political sense. (BNP)

Other. Reasons which could not be sorted into the preceding categories were included as other. These 5 reasons ranged from philosophical statements about

collaborative programming to general statements about nursing education. Examples of responses in this category are as follows:

- We are all “about” the business of educating nurses for practice. (BNP)
- I believe the concept can work if the will is there. (DNP)
- Essentially, I believe there is a need for the concept. (DNP)

The categories are summarized in Table 14, along with the number of responses within each group supportive of collaborative efforts. A total of 82 responses were presented by 55 of the 67 participants who supported collaborative programming. Twelve participants (11 DNP and 1 BNP) did not give reasons for the position taken.

The DNP group presented more reasons for being willing to support collaborative efforts than did the BNP group in the following categories: 1) Resource; 2) Programmatic; 3) Professional; and 5) Other. The BNP group, interestingly, presented more reasons in the Pragmatic category for supporting collaborative efforts than did the DNP group.

Table 14
Reasons given by BNP and DNP Faculty who Support the Development of Collaborative Baccalaureate Nursing Programs in Alberta (N=67)

Reasons	<u>BNP Responses</u>		<u>DNP Responses</u>	
	Number	Percent	Number	Percent
1. Resource	8	33.3	26	44.8
2. Programmatic	4	16.7	17	29.3
3. Professional	5	20.8	7	12.1
4. Pragmatic	6	25.0	4	6.9
5. Other	1	4.2	4	6.9
Total Responses	24	100.0	58	100.0

Summary. It is evident that most BNP and DNP faculty as represented in this study are willing to support the development of collaborative baccalaureate programs in Alberta. Each group presented reasons for moving in this direction which ranged from professional benefits to pragmatic and economic aspects. Furthermore, the information gained from the participants indicates that faculty are enthusiastic, even eager, about working together and see collaborative developments as an opportunity to facilitate the EP 2000 goals.

Programming Options for Nursing Education

In order to further examine the issues of collaborative programming and baccalaureate entry into practice, a rank ordering question of four future programming options was included in the opinion section of the questionnaire. Participants were asked to rank order no more than three of these options in terms of which ones they would most support. To ensure coverage of all significant alternatives, an "Other - please specify" response option was included. To analyze the data, the total number of responses for each choice was recorded and tabulated by program group. Weighted means were then used to determine the overall ranking of the options by the two program groups. Table 15 presents this comparison.

Clearly, the preferred programming option of both faculty groups was: "Require all nurses to have a baccalaureate degree which may be offered collaboratively between universities and institutions offering diploma programs". In total, this option received 48 first choice rankings, 39 (76%) by the DNP group and 14 (61%) by the BNP group.

Regarding the second preferred programming option for nursing education, a difference in ranking occurred among the two faculty groups. The option: "Require all nurses to have a baccalaureate degree but maintain both the generic and post-basic routes", was ranked a strong second by the DNP group ($M = 14.67$), but the BNP group had little preference between that and the other alternative: "Require all nurses to have

Table 15
Programming Options for Nursing Education in the Year 2000: Ranking by BNP and DNP Faculty

Option	Group	<i>Number of Times Ranked</i>			Total Choices	M*	Ranking by BNP	Ranking by DNP
		First	Second	Third				
Require all nurses to have a baccalaureate degree, which may be offered collaboratively between universities and institutions offering diploma programs.	BNP	14	8	1	23	9.83	1	1
	DNP	39	9	1	49	22.67		
Require all nurses to have a four-year generic baccalaureate offered in a university setting.	BNP	6	6	10	22	6.67	2	3
	DNP	3	5	17	25	6.00		
Require all nurses to have a baccalaureate degree, but maintain both the generic and post-basic routes.	BNP	3	8	11	22	6.00	3	2
	DNP	5	32	9	46	14.67		
Require all nurses to have diploma preparation only, baccalaureate in nursing optional.	BNP	0	0	0	0	.	.	4.5
	DNP	1	1	6	8	1.83		
Other	BNP	0	0	0	0	.	.	4.5
	DNP	3	1	0	4	1.83		

* Mean = $\frac{3 \times (\text{First Choice}) + 2 \times (\text{Second Choice}) + 1 \times (\text{Third Choice})}{6}$

four year generic baccalaureate offered in a university setting" (M = 6.00 and 6.67 respectively). These results suggest DNP faculty are more supportive than BNP faculty about maintaining the post-basic route as a viable programming option for nursing education. In addition, the data reflects that DNP faculty are more likely to support those programming options which involve their participation in future baccalaureate programming.

Clearly little support existed for the option: "Require all nurses to have diploma preparation only, baccalaureate in nursing optional" (DNP: M = 4.5; BNP: M = 0). However, the data suggest there are some DNP faculty who believe the baccalaureate in nursing should remain optional, particularly if diploma programs are not given a definite place in meeting the nursing educational requirements for the year 2000. Again, diploma support for baccalaureate entry to practice appears to be linked to their participation and involvement in future baccalaureate programming.

When invited to identify any additional programming options for nursing education in the year 2000, four (5%) of the respondents did so. Their specific responses are listed below with the ranking shown in parenthesis:

- "Require all nurses to have a baccalaureate degree which may be offered in a university setting or degree-granting college program." (DNP, Rank 2)
- "Require all nurses to have a baccalaureate degree which may be offered in any institution granting nursing baccalaureate degrees." (DNP, Rank 1)
- "Design a collaborative program which provides a diploma exit at the end of year three, and a baccalaureate at the end of year four." (DNP, Rank 1)
- "Provide collaborative baccalaureate programs only for entry to practice. Increase access to post-RN baccalaureate programs. Increase financial support to nurses requiring to complete a post-basic RN. Allow natural attrition of RNs to occur over 10-15 years." (DNP, Rank 1)

An analysis of the responses revealed that two DNP faculty members associated their support of requiring baccalaureate preparation with non-university institutions (i.e. colleges) receiving degree-granting status. For those two persons, support for

baccalaureate entry to practice appears to be linked, to some extent, with colleges achieving degree-granting status.

The third write-in programming option for nursing education implies the development of a collaborative program which would lead to an opportunity to enter nursing practice either upon completion of a diploma or the baccalaureate degree. Although this option is described as 'collaborative', the suggestion of allowing a diploma exit reflects non-support of the baccalaureate entry to practice position. The fourth respondent presented two strategies related to increasing the number of baccalaureate prepared nurses through post-basic programming (i.e., increasing accessibility and financial support). The suggestion that collaborative baccalaureate programs should "only" be provided for entry to practice is puzzling, and raises the question about support for current collaborative efforts.

Summary. An analysis of the data collected from the rank ordering question revealed the following:

1. The preferred programming option of both faculty groups was to require all nurses to have a baccalaureate degree which may be offered collaboratively between universities and institutions offering diploma programs.
2. DNP faculty are more supportive of maintaining the post-basic baccalaureate route than are BNP faculty.
3. Faculty tend to support programming options which utilize resources in the current system of education, rather than a restructuring of the system.
4. DNP faculty support for baccalaureate entry to practice may be linked to their involvement and participation in future baccalaureate programming.

This chapter has presented the data collected from a group who completed a Nurse Faculty Questionnaire, as well as the results of the statistical treatment of that data. The data were presented and analyzed in an effort to describe and interpret the perceptions held by a selected group of nurse faculty toward the system of nursing education in relation to collaborative programming and baccalaureate entry into nursing practice. Chapter V will further summarize the findings of this study.

CHAPTER V

SUMMARY AND DISCUSSION

Overview of the Problem Investigated and Procedures Used

The central purpose of this study was to examine the perceptions of southern Alberta nurse educators regarding the concept of collaborative programming as one mechanism to work towards baccalaureate entry into nursing practice (EP 2000). More specifically, the investigation was concerned with ascertaining answers to the following questions:

1. To what extent do nurse educators support the EP 2000 mandate, and why do they hold these views?
2. To what extent do nurse educators support the concept of collaborative programming, and why do they hold these views?
3. What programming alternatives do nurse educators perceive as desirable for working towards baccalaureate entry to practice?
4. What are the perceived barriers and facilitators to developing a collaborative program?
5. What factors may influence a nurse educator's perception of collaborative programming?

To collect the data, a survey questionnaire was developed and distributed to 112 full-time nurse educators in four diploma nursing programs (DNP) and two baccalaureate nursing programs (BNP) in southern Alberta. Descriptive statistics, content analysis, and the Chi Square statistical test were used to analyze the data. Lewin's (1951) force field theory provided the framework and terminology to conceptualize, analyze and categorize the arguments inherent in collaborative baccalaureate programming.

Of the 112 questionnaires distributed, 66 percent were completed and returned to the investigator. The returns represented 66.2 percent of the diploma nursing program (DNP) group and 65.7 percent of the baccalaureate nursing program (BNP) group.

Major Research Findings

The demographic data of this sample revealed that a majority of the nursing faculty (69%) were employed in diploma nursing programs. According to 1989 registration

statistics of the AARN, this finding is representative of the nurse faculty population in Alberta. A majority of the DNP group (64.7%) reported a baccalaureate degree in nursing as the highest credential held. In the BNP group, equal percentages of faculty reported a doctorate (47.8%) or a masters degree (47.8%) as the highest credential held. Additionally, over one-half of each group had received their initial preparation for licensure in a diploma nursing program: 73.9 percent for the BNP group and 72.5 percent for the DNP group. Therefore, the majority of the faculty in this study are likely to be products of two plus two programming.

In terms of experience, 88 percent of the faculty reported more than ten years of nursing practice. A majority of the nurse faculty (52.7%) had attended three or more meetings in which the concepts of collaborative programming were discussed. Approximately 16 percent had never attended such a meeting. Finally, an overwhelming majority of the nurse faculty (97.3%) perceived themselves as being either reasonably well or very well informed regarding the issues addressed in the survey.

In view of the aforementioned findings, the nurse faculty in this study may be described as an experienced, well-educated and informed group with a stake in future educational programming. Since there was little variability in the sample on years of experience, initial preparation for licensure, number of meetings attended, or perceived knowledge about the issues, no statistical tests were performed on these data. Further, the highest credential held and type of employing institution were so strongly related, the only variable on which the questionnaire items were tested for significant differences was the type of employing institution. This variable has been found in previous studies (Lord, 1985; Taira, 1982; Mobley, 1971) to affect nurses' perceptions of support for programming alternatives in nursing education.

With the exception of research question number five, the format for the presentation of the major research findings reflects the questions which were established for investigation. Question number five is addressed within the context of each research question.

Support for EP 2000 (Research Question #1)

When the nurse faculty in this study were asked directly whether or not they support the EP 2000 position statements and to give reasons for their choice, an overwhelming majority (93%) expressed support for the EP 2000 mandate. This included 100 percent of the BNP group and 90 percent of the DNP group. Each group identified the need to upgrade professional standards and educational requirements to better serve society (consumers, patients, hospitals, marketplace demands and the profession) and to better meet the increased intellectual, technical and judgemental demands required by the expanded roles in nursing practice, as reasons for their support.

Various items on the questionnaire also provided evidence for this support. For example, both faculty groups disagreed that a baccalaureate degree in nursing should remain optional after the year 2000 (BNP: 95%; DNP: 88%), and both faculty groups agreed that EP 2000 is based upon the best projections the profession can make concerning client requirements for nursing care (BNP: 96%; DNP: 89%). The sample of nurse faculty also disagreed that the present system of nursing education is adequate for meeting the health care needs of society (BNP: 96%; DNP: 88%), and agreed that evaluating and changing existing programs should be a prime consideration in planning for EP 2000 (BNP: 96%; DNP: 83%). These concepts, then, suggest a broad base of support by nurse educators for EP 2000.

Although these were no positions of non-support taken by the respondents in the open-ended question on EP 2000, two DNP educators added conditional statements to their position of support, for example: "if it does not diminish the art and practice of nursing developed to date" and "not necessarily by the year 2000". Another DNP educator expressed being in a "schizophrenic dilemma" over the issue and did not indicate a position of support. Except for this ambivalence on the part of those three respondents, the vast majority view EP 2000 as a positive move for nursing.

Concerning the questionnaire items on nursing entry to practice, five items showed a significant difference in perception between the BNP and DNP faculty groups. These

five items focused on beliefs and practices within the current system of nursing education. For example, a higher proportion of BNP faculty (100%) than DNP faculty (79%) disagreed that the current system of nursing education has developed adequate means of communication between its components, and a higher proportion of BNP faculty (96%) than DNP faculty (66%) agreed that having two different levels of entry into nursing practice has weakened the image of nursing as a profession.

The remaining three items which showed a significant difference in perception were all related to the current practice of two plus two programming. These were: a higher proportion of BNP faculty (75%) than DNP faculty (37%) agreed that the present method of two plus two programming compromises the quality of a baccalaureate degree; a higher proportion of BNP faculty (80%) than DNP faculty (24%) disagreed that in two plus two programming, diploma nursing programs give the necessary prerequisite knowledge and skills for the baccalaureate level of study; and, a higher proportion of BNP faculty (90%) than DNP faculty (58%) agreed that two plus two programming should be phased out after the year 2000.

Support for Collaborative Programming (Research Question #2)

When the nurse faculty in this study were asked directly whether or not they support the development of collaborative baccalaureate programs and to give reasons for their choice, a majority (90%) expressed support. This included 90 percent of the DNP group and 91 percent of the BNP group. Each group presented reasons for moving in this direction which ranged from professional benefits to pragmatic and economic aspects. However, when the two groups were examined separately, the DNP group presented more reasons for supporting collaborative programming in the following categories: Resource, Programmatic, Professional, and Other. By contrast, the BNP group presented more reasons in the Pragmatic category (25% versus 6.9% for the DNP group).

Various items on the questionnaire also provided evidence for support. For example, both groups strongly agreed that academic excellence and consistent content can be

ensured through the use of a collaborative model (BNP: 100%; DNP: 93%), and that collaborative programming is a cost-effective means to deliver nursing education utilizing existing human, physical and clinical resources (BNP: 100%; DNP: 100%). An equal percentage of both faculty groups (94%) strongly disagreed with the following statement: "The goals of baccalaureate education can best be achieved if undertaken within the university setting and not through collaborative or decentralized baccalaureate programs".

Two items on the questionnaire referred to potential strategies for adjustment of nursing curricula. When it was suggested that baccalaureate programs assume the responsibility for adjusting to diploma programs, the responses showed no consistent pattern, as almost equal percentages of faculty agreed and disagreed with the statement. However, when it was suggested that diploma programs assume the responsibility for adjusting to baccalaureate curricula, a higher percentage of the BNP group (85%) than the DNP group (42%) agreed.

Programming Alternatives (Research Question #3)

Although the concept of collaborative programming was strongly supported as a mechanism to facilitate baccalaureate entry into nursing practice, a variety of other programming alternatives to work towards EP 2000 were supported as well. Programming alternatives which were agreed upon by both faculty groups included increasing enrollment quotas of four-year generic baccalaureate programs (BNP: 100%; DNP: 89%), increasing access to baccalaureate programs through such means as outreach programs (BNP: 99%; DNP: 96%), increasing transferability of course credit from diploma programs to baccalaureate programs (BNP: 73%; DNP: 80%), and the affiliation of diploma programs with degree-granting institutions (BNP: 100%; DNP: 83%). Statistically significant differences existed between DNP and BNP faculty regarding the questionnaire item which suggested "colleges should seek degree-granting

status to facilitate baccalaureate entry to practice". More of the BNP group (75%) than the DNP group (27%) disagreed with this statement. Similarly, statistically significant differences existed between groups regarding the item which suggested "to facilitate baccalaureate entry to practice, diploma programs should be gradually closed and resources transferred to degree-granting institutions". A higher proportion of BNP faculty (81%) than DNP faculty (25%) agreed with this statement.

When faculty were asked to rank order four future programming options for nursing education in the year 2000, the preferred option of both faculty groups was: "Require all nurses to have a baccalaureate degree which may be offered collaboratively between universities and institutions offering diploma programs". Regarding the second preferred programming option, there was no clear cut agreement. The option: "Require all nurses to have a baccalaureate degree but maintain both the generic and post-basic routes" was ranked a strong second by the DNP group, but the BNP group had little preference between that and the other alternative: "Require all nurses to have a four year generic baccalaureate offered in a university setting". Very little support existed for the option: "Require all nurses to have diploma preparation only, baccalaureate in nursing optional". However, there were a few DNP faculty who indicated the baccalaureate should remain optional, particularly if diploma programs are not given a definite place in meeting the nursing educational requirements for the year 2000.

Barriers and Facilitators to Collaborative Programming (Research Question #4)

Those factors identified by more than 75% of the respondents as impeding the development of collaborative baccalaureate programs were: restricted provincial funds for higher education (93%), lack of provincial government support for EP 2000 (91%), concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses (84%), the need to protect existing program territoriality (76%), and difficulties in mobilizing inter-institutional processes and in maintaining action (75%). Both faculty groups disagreed that "lack of evidence for the baccalaureate in nursing

practice" is a barrier impeding collaborative programming. Where the BNP and DNP faculty groups were statistically different, the results showed differences in perception regarding the need to protect program territoriality (BNP: 95%; DNP: 67%), different philosophies on what comprises baccalaureate education (BNP: 89%; DNP: 52%), and concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses (BNP: 100%; DNP: 76%).

Those factors identified by more than 80% of the respondents as encouraging the development of collaborative baccalaureate programs were: the EP 2000 position statements of the AARN and CNA (91%), the increased commitment of nursing faculty to work collaboratively among institutions (90%), changes in health care concepts which require baccalaureate preparation (89%), increased student demands for baccalaureate education (86%), and a desire to retain the strengths and resources of diploma education (80%). Baccalaureate and diploma faculty were significantly different on only one item, this being the statement that, "increased employer demands for baccalaureate prepared nurses is a force encouraging the development of collaborative baccalaureate programs". A higher proportion of BNP faculty (95%) than DNP faculty (63%) agreed with this statement.

Summary of Findings

1. Nurse faculty in southern Alberta do hold distinct and identifiable perceptions of the system of nursing education.
2. Generally, nurse faculty perceived the system of nursing education to be inadequate in meeting the health care need of society; in providing for educational and career mobility; and in the kind and amount of communication between its educational components.
3. A large majority (93%) of the nurse faculty in this study support the EP 2000 mandate to better serve society and to better meet the intellectual, technical and judgemental demands required by the expanded roles in nursing practice.

4. A large majority (90%) of the nurse faculty in this study support the development of collaborative baccalaureate programs for reasons ranging from professional benefits to pragmatic and economic aspects.
5. Major factors impeding the development of collaborative baccalaureate programs are perceived to be: restricted provincial funds for higher education, lack of provincial government support for EP 2000, concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses, the need to protect existing program territoriality, and difficulties in mobilizing inter-institutional processes and in maintaining action.
6. Major factors facilitating the development of collaborative baccalaureate programs are perceived to be: the EP 2000 position statements, the increased commitment of nursing faculty to work collaboratively among institutions, changes in health care concepts which require baccalaureate preparation, increased student demands for baccalaureate education and a desire to retain the strengths and resources of diploma education.
7. Generally, nurse faculty tend to support programming options which utilize resources in the current system of education, rather than a restructuring of the system.
8. DNP faculty are more supportive of maintaining the post-basic baccalaureate route than are BNP faculty.
9. DNP faculty support for baccalaureate entry to practice may be linked to their involvement and participation in future baccalaureate programming.
10. The participants' type of employing institution affected certain perceptions of collaborative programming and the baccalaureate as entry to nursing practice.

Discussion

The Entry to Practice positions of the Canadian professional nursing associations

require major changes in the provision of educational preparation for nursing practice. The scope of change proposed will affect not only the present system of nursing education, but also the health care delivery system, other health care providers, and many individuals whose work and career aspirations are directly and indirectly influenced by the change (Shantz, 1985). Further, plans for determining educational models for the future need to be developed within the context of social, political and economic issues of the time. The strategic plan for the implementation of the entry to practice position must consider these variables as well as the many groups and organizations that will be affected in some way by the change.

The entry to practice position requires the cooperative efforts of nurse educators in the planning of the reorganization of the nursing educational system. Since Lewin's (1951) force field theory emphasized the importance of the existing reality as the appropriate starting place for considering change, this study focused on the perceptions of nurse educators as the existing reality underlying consideration of educational change.

Lewin (1951) also described a three step process of change which involved an unfreezing, a moving to a new level, and a refreezing sequence. The current movement in nursing education from a traditional or set educational format to new paths in baccalaureate programming reflects an unfreezing of the current nursing educational system. However, after a period of change and unfreezing, it is common for institutions to reach another level where the force of the barriers exceeds that of the facilitators. The fact that DNP and BNP nurses disagree on key issues such as whether two plus two programming should be continued and whether DNP nurses are qualified to work in baccalaureate programs, suggests that nursing must identify those areas which are 'frozen' and focus on what can be done to break down those traditions and customs which are not supportive of the desired change.

To effect the desired change, the challenge facing nursing education is to interpret accurately the impending changes in social need and the corresponding changes in

nursing function, to study carefully the newest educational trends and principles, and to incorporate the needed adjustments into the system of education which is developed. One of the underlying assumptions of this study was that nurse faculty perceptions towards concepts and strategies related to EP 2000 would affect the system of nursing education. More specifically, such perceptions would influence the development of curricular innovations which are supportive of the Entry to Practice positions. Therefore, the findings of this study have relevance for the curriculum development process and the accomplishment of change which is involved.

Curricular innovations which will enhance the baccalaureate entry to practice policy involve change on the part of those responsible for the development and implementation of curriculum plans. Attempts to incorporate any of the concepts investigated in this study must be planned in terms of assumptions related to the change process, such as facilitating and non-facilitating factors, adequacy of knowledge and vested interests in the environment. Findings of this study seem to indicate that the type of educational program in which the participants were employed affected differences in certain of their perceptions related to collaborative programming and the baccalaureate entry to nursing practice. In view of this finding, consideration must be given to overcoming the phenomenon of "vested interests" which may be functioning within the environment.

Vested interests are understandable. It is also a real issue that cannot be ignored or minimized. In this study, many of the concerns and ambivalence towards establishing only one level of entry into nursing practice appeared to be less related to questions of academic need than to personal issues which involve one's sense of identity, competence and autonomy. For example, there was an expressed concern that diploma nurse educators' credentials may no longer be adequate to ensure competence or job security. Such findings draw attention to the immediate need to understand the personal context and perspectives of nurse educators. If satisfaction, motivation and commitment to the change process are to be increased, nursing education must focus on these real issues and not just on rhetorical issues.

The results of this study indicate that diploma faculty are much more supportive of maintaining the post-basic baccalaureate route than are baccalaureate faculty. Baccalaureate faculty tend to believe that two plus two programming compromises the quality of a baccalaureate degree and that the depth and breadth of diploma education is inadequate for learning at the baccalaureate level. In contrast, diploma faculty seem more confident regarding equality of preparation. Possibly some degree of allegiance to diploma education and the need to retain one's current level of involvement in meeting the future needs of nurses may help to explain why more diploma faculty than baccalaureate faculty are supportive of two plus two programming.

The continued use of two plus two programming has serious implications for the future development of nursing education. The use of such a model for the basic educational preparation of nurses in the future would create the possibility of maintaining two levels of nurse practitioners, and could permit the recognition of student nurses as practitioners upon completion of the first program. This movement is inconsistent with the intent of the entry to practice position which states that there should be only one level of basic educational preparation for beginning nurse practitioners in the future. Even though two plus two programming is a reasonable means to assist nurses in obtaining baccalaureate education at this time, nurse educators must reach a common understanding of the difference between collaborative programming and two plus two programming.

Despite the strong support for two plus two programming among diploma educators, it is important to note however, that the majority of both faculty groups clearly prefer collaborative programming over two plus two programming. This finding is not surprising, even considering that funding grants for the exploration and development of collaborative arrangements stipulate that a diploma exit must be retained. Although the long-term goal is for only one level of entry into nursing practice, it is quite likely that

nurse educators believe an incremental approach has the best chance for success given the current political and economic climate. Additionally, such an approach facilitates the reorganization of the nursing education system and the establishment of an infrastructure which is supportive of the transition to baccalaureate preparation only. This infrastructure will also more easily allow the elimination of the diploma exit without upsetting the entire nursing education system, and enable the system of nursing education to respond more quickly and efficiently at the time the provincial government is prepared to implement the baccalaureate entry to practice position.

Although participants expressed overwhelming support for the development of collaborative baccalaureate programs, BNP and DNP faculty may have different motivations and conditions for establishing such programs. Since one of the implications of the baccalaureate entry to practice position is to render diploma education obsolete, the strong willingness of DNP faculty to compromise and to accommodate is most likely related to their desire to maintain their current level of involvement in meeting the future educational needs of nurses. BNP faculty, on the other hand, may view collaborative programming as a pragmatic way to increase the number of baccalaureate graduates given the retrenchment and cost-containment in higher education. Recent funding cuts in university budgets have made the expansion of existing programs and the creation of new programs extremely difficult. Therefore, university faculties have had to focus on alternative programming formats such as distant delivery and collaborative programming. In addition, BNP faculty may also believe that collaborative baccalaureate programming is a more palatable political goal than a restructuring of the existing Alberta prelicensure nursing education system. Despite these potential differences, the base seems to exist for a concerted, organized and probably regional effort to institute collaborative programs. The strong support from faculty provides one viable lobbying and educational force to facilitate this effort.

The objectives of nursing education programs must be derived from the role and

functions which the nurse practitioner is expected to assume in society. In view of the participants' belief that many problems in the current system of nursing education are the result of difficulties in defining what constitutes baccalaureate education, consideration must be given to delineation before optimum curricular designs can be identified. Just as importantly, nursing cannot establish the benefits-costs of baccalaureate preparation until nursing practice is defined and claims to expertise can be based on a coherent educational foundation.

Based on the comments of many respondents concerning the novelty of the collaborative concept and the finding that participants perceived communication among components of the system of nursing education as inadequate, it seems appropriate to recommend that consideration be given to providing opportunities for meaningful dialogue between those individuals or groups who could be influential in effecting change. Furthermore, findings related to the number of meetings attended may suggest that the 'meeting process' has largely been ignored as a meaningful way of nurturing collaborative arrangements.

One of the recurring themes in literature on nursing education was the fact that nursing programs have a fierce sense of independence. Loss of program autonomy has been identified as a major concern for faculty in diploma schools (Lord, 1985; O'Dea, 1984; Rapson, 1985). The finding that baccalaureate and diploma faculty were statistically different in their perceptions regarding the need to protect program territoriality seems consistent with the literature, and may be a by-product of the meeting process as well. Certainly in order for institutions to collaborate, faculty must first be able to meet together in an atmosphere of mutual respect and get to know their colleagues and their colleagues' programs and institutions. If this does not happen, collaboration between institutions seems an unlikely outcome.

Poor communication between institutions, a breakdown in the meeting process, a blurring or misunderstanding of members' roles, or a failure to respect the individual or

the individual's program would all seem to be related concepts that are destructive to the collaborative process. Implications of this finding for leaders of inter-institutional planning committees include conducting regular meetings which are purposeful, allowing time for socialization and trust-building, defining groups members' roles, and increasing information exchange between institutions.

Making meetings a part of regular inter-institutional activities gives them value. When meetings are viewed as important and valuable, attendance is likely to be improved. Further, if held regularly, they are likely to result in productive negotiations that lead to successful collaborative arrangements. Planning meetings which permit social relationships to develop can lower group anxiety, help open alternate channels of communication and encourage the discussion of individual concerns and differences along with institutional issues. Exercises that allow trust-building among group members may be beneficial during early negotiations. Having members meet in small groups to list the strengths of their respective programs, then jointly identify how those strengths might complement each others' programs, may help ease defensiveness and increase the likelihood of successful collaborative negotiations.

The literature supports the notion that if educational change is to happen, educators must participate and understand their roles in such a process. For this reason, spending time defining roles and expectations of each member and getting group consensus on those roles could be a valuable way to increase group effectiveness early in the collaborative process. Increasing information exchange through such means as newsletters, forums and conferences, and supporting faculty through released time and fiscal encouragement as they experiment and respond to new ideas are other measures which can be used to foster collaborative success. Finally, inter-institutional planning committees need to openly communicate and share their planning endeavors with other institutions who are interested in pursuing a collaborative arrangement. This would contribute to the overall understanding of collaborative programming, facilitate

colleagueship and collectivity, and create a climate where values, power, accomplishments and problems shared. Through such efforts, problems related to the development of collaborative programs have the greatest potential of being resolved or modified.

Considering that lack of government support for EP 2000 was named as a major impediment to the development of collaborative baccalaureate programs, the development and use of marketing strategies and tactics by nursing must receive greater attention. Furthermore, since decisions and their outcomes revolve around who has the power to exert influence, nursing must use the political force of collectivity and collaboration if nursing is to enable itself to effect change.

To promote the value of EP 2000, nurses must lobby provincial governments, regulatory bodies and other nursing education stakeholders. This requires involvement in professional associations, the establishment of political action committees and coalitions within and outside the profession, and active and intelligent communication with local, provincial and national politicians. Although individual nurse educators can and should participate, effective representation usually requires collective support from organized bodies of nurses through their appointed representatives. Therefore, provincial nursing associations might consider changes in committee structures to involve increased numbers of members in marketing activities and assigning political lobbyist roles to salaried staff (Richardson & Sherwood, 1988). The opinions of practising nurses about the EP 2000 policy and what processes would be necessary to help them accept the concept must also be researched. Since more than 80% of practising nurses have a diploma as their highest level of preparation, their views and support are significant to the marketing of the entry to practice position. Additional strategies for marketing baccalaureate entry to practice have been proposed by Richardson and Sherwood (1988). Their recommendations should be given careful consideration.

Finally, the results of this study indicate that nurse educators are attempting to address

the Canadian Nurses Association entry to practice position and that they are moving ahead into some truly innovative, creative and cost-effective approaches to educational delivery. While the polarization of some responses may reflect uncertainty about the future, most respondents conveyed a sense of excitement at the opportunity which a climate of change provides to develop programs which contribute to the development of nursing practice. Furthermore, the information gained from the participants indicates that faculty are enthusiastic, even eager, about working together. Of note is the spirit of cooperation, the commitment to the Entry to Practice position and the belief that no obstacle is insurmountable. The potential of collaborative baccalaureate programming clearly rests with the imagination of the people involved and the degree to which nurse educators are prepared to work collectively and grasp at opportunities.

Recommendations for Nursing Education

Several recommendations for nursing education can be derived from the findings and conclusions of this study. These recommendations are presented below:

1. Nursing faculty, irrespective of the type of program in which they are employed, should whole heartedly move towards developing programming alternatives which are supportive of the entry to practice positions. The problems related to requiring advanced educational preparation has had adequate discussion. It is now time for collective action.
2. Active planning for the development of collaborative baccalaureate programs should be intensified. Inter-institutional planning committees should have clearly stated objectives and allow for maximum participation if they are to effect change.
3. Nurse faculty should be supported through released time and fiscal encouragement as they experiment and respond to new ideas regarding curriculum development.
4. Nursing programs and associations should continue to influence public policy directions so that appropriate resources can be obtained for future programming.

5. Nursing programs and associations should actively involve employers of nurses in the task of defining future nursing practice and preparation needs.
6. An increased number of nurses educated at the graduate level are needed to teach in baccalaureate programs. Therefore, university faculties should increase availability and access to Masters programs, and continue to lobby nursing education stakeholders for doctoral nursing programs in Canada.
7. Nurse educators who fear for their occupational security may be uneasy about supporting a curriculum change which requires further education. Therefore, current diploma nursing faculty should be assisted in their academic preparation to move to degree programs through such means as educational leave from their employing institutions and financial assistance from professional nursing associations.

Recommendations for Further Research

Analysis of the findings of this study revealed several areas in need of further research; therefore the following recommendations are made:

1. The specific findings of this study are based upon a sample of nurse educators from southern Alberta. Therefore, it is recommended that the study be replicated using samples from other regions of the province.
2. The data were collected by means of a questionnaire designed specifically for this study. Further research using different instruments would assist in determining if the perceptions identified in this study are valid and reliable when compared to outcomes of other studies using different research approaches.
3. In that this study was concerned only with full-time nurse educator perceptions of collaborative programming for the baccalaureate as entry to practice, research is needed to determine perceptions held by other significant groups, such as part-time and sessional faculty, the employer group, and practising nurses.

4. Studies designed to determine the uniqueness and the cost-benefits of baccalaureate preparation to the public and health care system will contribute significantly to stakeholder endorsement of the EP 2000 goals.
5. Innovative approaches need to be designed with a view toward developing curricula which incorporate the concepts of collaborative programming. Such designs should make provisions for long term evaluation at the time of their implementation to aid in subsequent revisions and to guide other collaborative efforts.
6. Further process-oriented research and consideration are needed to identify the problems which nurse faculty encounter as they attempt to implement curriculum designs which enhance progress toward EP 2000.

CONCLUDING STATEMENT

Overall, the study was successful in surfacing DNP and BNP faculty opinions regarding collaborative baccalaureate programming. These data fill a gap in the research literature as little is available on faculty attitudes concerning this subject. A more favorable attitude toward collaborative programming was found than could have been predicted, given the slow movement in the province toward planned collaboration. The base seems to exist for a concerted, organized, and probably regional effort in this direction. Finally, the data provide a foundation for developing an educational process and action steps to enhance progress toward collaborative programming as one mechanism for facilitating the baccalaureate as entry to nursing practice.

REFERENCES

REFERENCES

- Advanced Education. (December, 1988). Alberta health and social service education programs inventory. Edmonton, AB: Program Services Division, Program Coordination Branch.
- Association of Registered Nurses. (1979). Position statement on baccalaureate education for nurses. Edmonton, AB: Author.
- Association of Registered Nurses. (1984). Educational preparation for entry into the nursing profession : A blueprint for the year 2000. Edmonton, AB: Author.
- Association of Registered Nurses. (1985). Educational preparation for professional nursing practice in the year 2000: An action plan for 1985 -2000 (revised). Edmonton, AB: Author.
- Association of Registered Nurses. (1986). Position statement on baccalaureate education for nurses. Edmonton, AB: Author.
- Association of Registered Nurses. (1987a). Entry to practice 2000: An action plan for 1987 - 2000. Edmonton, AB: Author.
- Association of Registered Nurses. (1987b). Entry to practice 2000 - Impact on diploma prepared nurses - An action plan for 1987 - 2000. Edmonton, AB: Author.
- Association of Registered Nurses. (1989). Annual report - year ending September 30, 1989. Edmonton, AB: Author.
- American Nurses' Association. (1965). Position paper on nursing education. Kansas City: Author.
- American Nurses' Association Commission on Nursing Education. (1979). A case for baccalaureate preparation in nursing. Kansas City: American Nurses' Association.
- American Nurses' Association. (1980). Educational preparation for nursing: A source book. Kansas City: Author.

- American Nurses' Association. (1980). Educational preparation for nursing: A source book. Kansas City, MO: Author.
- Bullough, B. & Bullough, V. (1981). Educational problems in a women's profession. Journal of Nursing Education, 20(7), 6-17.
- Bullough, B. (1979). The associate degree: Beginning or end? Nursing Outlook, 27, 324-328.
- Bowles, J.G., Lowry, L., & Turkeltaub, M. (1987). Background and trends related to nursing articulation in the United States. In M.F. Rapson (Ed.), Collaboration for articulation: RN to BSN (pp. 1 - 14). New York: National League for Nursing.
- Brink, P. & Wood, M. (1983). Basic steps in planning nursing research , from questions to proposal (2nd ed.). Monterey, CA: Wadsworth.
- Canadian Nurses Association. (1978). Standards for nursing education in Canada. Ottawa : Author.
- Canadian Nurses Association. (1982). Entry to the practice of nursing: A background paper. Ottawa: Author.
- Canadian Nurses Association. (1984). National plan for entry into practice. Ottawa: Author.
- Canadian Nurses Association. (December, 1986). Entry to practice newsletter, 2(6).
- Carey, R. (1989). Post-RN degree at Athabasca University. AARN Newsletter, 45(8), 16-17.
- DeBella, S., Martin, L., & Siddal, S. (1986). Nurses' role in health care planning. Norwalk, CT: Appleton-Century-Crofts.
- de Rivera, J. (1976). Field theory as human-science. New York: Gardner Press, Inc.

- Dittambl, C., & Porter, A. (1985). Educational transitions: Diploma school-higher education mergers. In J.C. McCloskey & H.K. Grace (Eds.), Current issues in nursing (2nd ed., pp. 269-276). Boston: Blackwell Scientific Publications.
- Docking, S. (1987). Curriculum innovation. In P. Allan & M. Jolley (Eds.), The curriculum in nursing education (pp. 149-163). London: Croom Helm.
- Dolan, J. A. (1983). Nursing in society: A historical perspective (15th ed., p. 167). Toronto: W. B. Saunders.
- Donley, R. (1987). Strategic Planning: A rational activity. In Patterns in nursing: Strategic planning for nursing education (pp. 13-19). New York: National League for Nursing.
- Farley, V. (1987). Strategic planning: An organizing framework for nursing education. In Patterns in nursing: Strategic planning for nursing education (pp. 3-11). New York: National League for Nursing.
- Freire, P. (1970). Pedagogy of the oppressed. New York: Herder.
- Freire, P. (1976). Education, the practice of freedom. London: Writers' and Readers' Publishing Cooperative.
- Freire, P. (1985). The politics of education: Culture, power and liberation. Hadley, MA: Bergin & Garvey.
- Gallop, R. (1984). Articulation and baccalaureate entry to practice. Nursing Papers, 16(4), 55-63.
- Gataint, L. I. (1984). A forward look at nursing for Red Deer College: A feasibility study for a baccalaureate nursing program. Unpublished master's thesis, University of 137, Edmonton.
- Government of 137. (1975). The report of the Alberta Task Force on nursing education. Edmonton, AB: 137 Advanced Education and Manpower.

Government of 137. (1977). Position paper on nursing education: Principles and issues. Edmonton, AB: Author.

Government of 137. (1978). Summary of responses to the report of the Alberta Task Force on Nursing Education. Edmonton, AB: Alberta Advanced Education and Manpower.

Government of 137. (1983). The final report of the Nursing Manpower and Education Implementation Committee. Edmonton: Advanced Education and Manpower.

Grupe, F. (1970). Toward realism in initiating collegiate cooperative centres. The Academic Consortia Seminar. Chicago, IL. (ERIC Document Reproduction Service No. ED 039 838).

Interpresidential Committee of University of Alberta Hospitals and University of Alberta. (1981). The report of the nursing education articulation project. Edmonton, AB: University of Alberta, Centre for the Study of Post-secondary Education.

Jolley, M. (1987). The weight of tradition: An historical examination of early educational and curriculum development. In P. Allan & M. Jolley (Eds.), The curriculum in nursing education (pp. 1-14). London: Croom Helm.

Johnson, J. (1990). Group forms to address the lack of opportunity for doctoral education in nursing education in Canada. AARN Newsletter, 46(3), 7.

Kramer, M. (1981). Philosophical foundations of a baccalaureate nursing education. Nursing Outlook, 29(4), 224-228.

Lepchenske, G. (1984). Higher educational consortia organization: Functional structures of administration and management. Lake Havasu City, AZ. (ERIC Document Reproduction Service No. ED 176 619).

Lewin, K. (1951). Field theory in Social Science. New York: Harper & Row.

Lippitt, G. (1982). Organizational Renewal (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.

- Lord, P.M. (1985). Faculty perceptions of articulation between public two-and four-year collegiate nursing programs in Massachusetts (Doctoral dissertation, University of Massachusetts). Dissertation Abstracts International, 46, 794B.
- Mobley, N.K. (1981). Nurse-faculty perceptions of the system of education in relation to articulation, career ladders, and the open curriculum in nursing (Doctoral dissertation, University of Alabama). Dissertation Abstracts International, 32, 5273B - 5274B.
- Montag, M. (1980). Looking back: Associate degree education in perspective. Nursing Outlook, 28(4), 248-250.
- Mussallem, H.K. (1960). Spotlight on nursing education: The report of the pilot project for the evaluation of schools of nursing in Canada. Ottawa: Canadian Nurses Association.
- Mussallem, H.K. (1965). Nursing education in Canada. Ottawa: Queen's Printer (Royal Commission on Health Services).
- Nisbet, J. (1975). Innovation - Bandwagon or Hearse? In Harris, A. et al. (Eds.), Curriculum Innovation (pp. 1-14). London: Croom Helm.
- O'Dea, E. (1984). Description and critical analysis of the processes related to the development of a nursing education consortium. Ann Arbor, MI: University Microfilms International.
- Patterson, L. (1974). Colleges in consort: Institutional cooperation through consortia. San Francisco: Jossey-Bass.
- Pickett, W.L. (December, 1986). A study of the barriers to an educational innovation. An unpublished paper written in partial fulfillment for the course designated as Education 5394, Leadership in Educational Organizations, at the University of Lethbridge.
- Polit, D. & Hungler, B. (1987). Nursing research: Principles and methods (3rd ed.) . Philadelphia: Lippincott.
- Rapson, M. F. (1987). Implications for nursing education and the nursing profession. In M. F. Rapson (Ed.), Collaboration for articulation: RN to BSN (pp. 85 - 104). New York: National League for Nursing.

- Richardson, S. (1986a). Articulation and baccalaureate entry to practice: The Canadian context. Nursing Papers, 18(3), 47-58.
- Richardson, S. (1986b, February). Baccalaureate entry to practice: Alberta's history, progress and problems. Proceedings of the 1986 Annual Meeting of the Western Region of the Canadian Association of University Schools of Nursing.
- Richardson, S., & Sherwood, J. (1988). Marketing baccalaureate entry to nursing practice in Canada. The Canadian Journal of Nursing Research, 20(2), 33-48.
- Richardson, S. (1988). Implementing baccalaureate entry into nursing practice in Alberta: An analysis of the articulation policy issue. Unpublished doctoral dissertation, University of Alberta, Edmonton.
- Richardson, S. (1989a). The history of nursing program articulation in Alberta (Part Two). AARN Newsletter, 45(7), 11-12.
- Richardson, S. (1989b). Articulation and baccalaureate entry into nursing practice in Alberta (Part One-Study Methodology). AARN Newsletter, 45(7), 24-25.
- Richardson, S. (1989c). Articulation and baccalaureate entry into nursing practice in Alberta (Part Two-Study Methodology). AARN Newsletter, 45(8), 19-20.
- Roberts, S. (1983). Oppressed group behavior: Implications for nursing. Advances in Nursing Science, 5, 21-30.
- Rossmeyer, J. (1979). Educational master planning: creative or cathartic? American Association of Junior Colleges: Chicago, IL. (ERIC Document Reproduction Service No. ED 170 077)
- Sands, A. (1987). The Government's opinion - and ours. AARN Newsletter, 43(8), 9-10.
- Scott, H. (1977). Consortia in higher education: A sober reflection. Educational Record, 45, Summer.
- Shantz, S. J. (1985). BN 2000: Challenge and change in the delivery of Canadian baccalaureate nursing education. Unpublished doctoral dissertation, University of Calgary, AB.

- Staff (1990a). News-Open Forum. The Canadian Nurse, 86(1), 14.
- Staff (1990b). District News - New Collaborative Baccalaureate Program. AARN Newsletter, 46(2), 25.
- Statistics Canada (1990). Nursing in Canada 1988. Ottawa: Statistics Canada, Health Division, Health Care Section.
- Steering Committee (1989). Collaborative planning project for a joint baccalaureate nursing degree program in Calgary: Information statement. AARN Newsletter, 45(11), 11.
- Stein, J. (Ed.). (1966). The Random House dictionary of the English language. New York: Random House.
- Steven, D. (1987). Professional association - Unions get together on baccalaureate. AARN Newsletter, 43(10), 9.
- Stevens, B. J. (1981). Program articulation: What it is and what it is not. Nursing Outlook, 29(12), 700-706.
- Taira, L. (1982). Faculty perceptions of articulation. In Research in Nursing Education. Journal of Nursing Education, 21(8), 74.
- University of Calgary. (1985). Final report: Pilot project for articulated baccalaureate nursing program at the University of Calgary. Calgary, AB: Author.
- Waltz, C., Strickland, O., & Lenz, E. (1984). Measurement in nursing research. Philadelphia: F.A. Davis Company.
- Warner S. L., Ross, M. C., & Clark, L. (1988). An analysis of Entry into Practice Arguments. Image: Journal of Nursing Scholarship, 20(4), 212-216.
- Weir, G.M. (1932). Survey of nursing education in Canada. Toronto: University of Toronto Press.

APPENDICES

APPENDIX A
LETTER OF INTRODUCTION



The
University of
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GRADUATE STUDIES
IN EDUCATION

Dear Nurse Colleague:

One of the most controversial issues in nursing education is that of 'baccalaureate entry into nursing practice' (EP 2000). Nursing leaders across the country, including Alberta, are currently considering the issues involved in this new educational standard, and have suggested that 'collaborative or decentralized' baccalaureate programming may be one method of working towards EP 2000.

As a nurse educator, the potential of collaborative programming as one mechanism to facilitate EP 2000 is of special interest to me and has become the focus of my graduate thesis at the University of Lethbridge. Specifically, I am conducting a survey to identify the forces which Southern Alberta nurse educators perceive as influencing the development of collaborative programs and to determine whether support exists for such programming. In order to accomplish these research goals, it is vital that I obtain your views. Your views are extremely important because nurse educators are principal figures in developing curriculum design and policies.

If you are involved in teaching or administration, and employed full-time in either a diploma or baccalaureate nursing program, you may contribute to this research by completing the enclosed questionnaire. The questionnaire can be completed in less than twenty minutes. Please note that all information will be handled in a confidential and professional manner. When responses are released, they will be reported in summary form only. Further, all names, locations and other identifying information will not be included in any discussion of the results.

May I reiterate that in order for this study to truly represent the views of nurse educators, your participation is important. Please complete the questionnaire and return it by _____. The results of this study will be mailed to the Director of all participating groups. In addition, the results will be shared with nursing education planning groups to whom the information may be helpful.

I very much appreciate your assistance in this study. If you have any questions please feel free to call me at 381-0739. Also feel free to contact any member of the Faculty of Education Human Subjects Research Committee if you wish additional information. The chairperson of the committee is Dr. N.C. Grigg at 329-2459.

Thank you for getting involved in issues that are important to nursing.

Yours sincerely,

W.L. Pickett
M.Ed. Candidate
39 Laval Court
Lethbridge, AB
T1K 4G3

Encl.

APPENDIX B
INFORMATION SHEET

NURSE FACULTY QUESTIONNAIRE

INFORMATION SHEET

Introduction

The purpose of this questionnaire is to explore the concept of collaborative programming as one way of working toward baccalaureate entry into practice (EP 2000). Your views regarding other potential types of educational programming are also desired. The results will be examined ONLY in ways which protect individual and institutional confidentiality.

Definitions

EP 2000 - An expression used to refer to the Entry to Practice position statements of the AARN (1979) and CNA (1982), that by the year 2000, the minimal educational requirement for entry into the practice of nursing should be the successful completion of a baccalaureate degree in nursing.

System of Nursing Education - The educational arrangement of curricula and of nursing schools in which students are prepared for nursing. This includes hospital and college diploma programs, and post-basic and generic baccalaureate programs.

Two & Two Programming - Refers to the present method of baccalaureate programming which awards 'block or blanket' credit for previous nursing education. In this method, a nursing diploma is given credit or advanced standing for two years of a baccalaureate degree in nursing.

Collaborative Programming - Is a process by which autonomous institutions involved in different levels of nursing education jointly develop and implement a baccalaureate program in nursing. Inherent in this definition is the notion that diploma programs could become directly affiliated with universities and serve as off-campus or satellite locations for decentralized baccalaureate programs.

APPENDIX C
NURSE FACULTY QUESTIONNAIRE

NURSE FACULTY QUESTIONNAIRE

PART I Nursing Education in Alberta

DIRECTIONS: Listed below are statements concerned with nursing education in Alberta. Each item is followed by five numbers indicating a scale on which 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree, and 0 = undecided. Please circle the number that best indicates the extent to which you agree or disagree with each item. Refer to the operational definitions if you need assistance in interpreting any item.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Undecided
	1	2	3	4	0
A. NURSING ENTRY TO PRACTICE					
1. The present system of nursing education is adequate for meeting the health care needs of the society which it serves.	1	2	3	4	0
2. The present system of nursing education has developed adequate means of communication among and between the components.	1	2	3	4	0
3. The present system of nursing education provides for adequate upward educational and career mobility.	1	2	3	4	0
4. Having two different levels of entry into nursing practice (diploma and baccalaureate) has weakened the image of nursing as a profession.	1	2	3	4	0
5. By the year 2000, the preparation for entry into nursing practice should be a baccalaureate degree.	1	2	3	4	0
6. A baccalaureate degree in nursing should remain optional after the year 2000.	1	2	3	4	0
7. EP 2000 is based upon the best projections the profession can make concerning client requirements for nursing care.	1	2	3	4	0

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	Undecided 0
8. The EP 2000 proposal is primarily an attempt to raise the status of nursing as a profession.	1	2	3	4	0
9. Evaluating and changing existing programs should be a prime consideration in planning for EP 2000.	1	2	3	4	0
10. The present method of <u>two & two</u> educational programming compromises the quality of a baccalaureate degree.	1	2	3	4	0
11. In <u>two & two</u> educational programming, diploma nursing programs give the necessary prerequisite knowledge and skills for the baccalaureate level of study.	1	2	3	4	0
12. <u>Two & two</u> programming should be available only for those RNs presently in the system and should be phased out after the year 2000.	1	2	3	4	0
13. To facilitate baccalaureate entry to practice :					
a) enrollment quotas of four-year generic baccalaureate programs should be increased.	1	2	3	4	0
b) access to baccalaureate programming should be increased by such means as "outreach" programming.	1	2	3	4	0
c) colleges should seek degree-granting status.	1	2	3	4	0
d) transferability of course credit from diploma programs to baccalaureate programs should be increased.	1	2	3	4	0
e) institutions offering diploma programs should become affiliates of degree-granting institutions.	1	2	3	4	0
f) diploma programs should be gradually closed and resources transferred to degree-granting institutions.	1	2	3	4	0

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	Undecided 0
B. COLLABORATIVE BACCALAUREATE PROGRAMS					
14. Academic excellence and consistent content can be ensured through the use of a collaborative model.	1	2	3	4	0
15. Because of the multiple themes and approaches to nursing that are provided by the baccalaureate and diploma programs, collaborative programming in Alberta is <u>not</u> feasible.	1	2	3	4	0
16. Collaborative programming is desirable if diploma programs assume the responsibility for adjusting to baccalaureate curricula.	1	2	3	4	0
17. Collaborative programming is desirable if baccalaureate programs assume the responsibility for building upon diploma competencies.	1	2	3	4	0
18. The goals of baccalaureate education can best be achieved if undertaken within the university setting and <u>not</u> through collaborative or decentralized baccalaureate programs.	1	2	3	4	0
19. Collaborative programming is a cost-effective means to deliver nursing education utilizing existing human, physical and clinical resources.	1	2	3	4	0
20. Collaborative programming in Alberta will happen only when nurse educators are committed to action and lead the way.	1	2	3	4	0

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	Undecided 0
21. Forces which <u>are</u> impeding the development of collaborative baccalaureate programs include:					
a) the need to protect existing program territoriality.	1	2	3	4	0
b) different philosophies on the part of both diploma and baccalaureate educators on what comprises baccalaureate education.	1	2	3	4	0
c) concerns regarding the academic qualifications of diploma faculty to deliver university transfer courses (i.e. quality of teaching and research competencies).	1	2	3	4	0
d) difficulties in mobilizing inter-institutional processes and in maintaining action.	1	2	3	4	0
e) lack of faculty time or opportunities to work on collaborative programming.	1	2	3	4	0
f) faculty concerns regarding job security and terms of employment.	1	2	3	4	0
g) lack of evidence that the baccalaureate is necessary for effective nursing practice.	1	2	3	4	0
h) lack of provincial government support for EP 2000.	1	2	3	4	0
i) the stance of nursing unions opposing the implementation of EP 2000.	1	2	3	4	0
j) restricted provincial funds for higher education.	1	2	3	4	0
k) other _____	1	2	3	4	0

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4	Undecided 0
22. Forces which <u>are encouraging</u> the development of collaborative baccalaureate programs include :					
a) increased student demands for baccalaureate education.	1	2	3	4	0
b) increased employer demands for baccalaureate prepared nurses.	1	2	3	4	0
c) a positive institutional climate and support system for cooperative ventures.	1	2	3	4	0
d) increased commitment of nursing faculty to work collaboratively among institutions.	1	2	3	4	0
e) similarities in the conceptual framework and organizing threads of current diploma and baccalaureate programs.	1	2	3	4	0
f) a belief that legitimate and credible education can be attained at institutions other than one's own.	1	2	3	4	0
g) a desire to retain the strengths and resources of diploma education.	1	2	3	4	0
h) changes in health care concepts which require baccalaureate preparation.	1	2	3	4	0
i) the Entry to Practice position statements of the AARN and CNA.	1	2	3	4	0
j) Other _____	1	2	3	4	0

PART II Opinion Statements

1) Below are four future programming options for nursing education in the year 2000. Please rank order these options in terms of which ones you would support. Place a "1" beside the option which you would most support, a "2" for the next most important, and so forth. Rank no more than three.

- ☐ Require all nurses to have diploma preparation only, baccalaureate in nursing optional.
- ☐ Require all nurses to have a four-year generic baccalaureate offered in a university setting.
- ☐ Require all nurses to have a baccalaureate degree but maintain both the generic and post-basic routes.
- ☐ Require all nurses to have a baccalaureate degree, which may be offered collaboratively between universities and institutions offering diploma programs.
- ☐ Other (Please specify) _____

2.) Listed below are two open-ended statements concerning EP 2000 and collaborative programming. For each statement, please place a | ✓ | in the box which best expresses your view, and add your reasons. Refer to the operational definitions if you need assistance.

a). I support | ☐ | / do not support | ☐ | the EP 2000 position statements because :

b). I support | ☐ | / do not support | ☐ | the development of collaborative baccalaureate nursing programs in Alberta because :

PART III Information About You

DIRECTIONS: Please circle one response for each item. This information will be used to assist in the interpretation of survey responses.

1. Type of educational program in which you are employed:
 1. Diploma Nursing Program
 2. Baccalaureate Nursing Program
2. Type of basic educational preparation in nursing :
 1. Diploma (Hospital based)
 2. Diploma (College based)
 3. Baccalaureate
3. Highest credential held :
 1. Diploma in Nursing (RN)
 2. Baccalaureate Degree in Nursing
 3. Baccalaureate in Other Field (Specify) _____
 4. Masters in Nursing
 5. Masters in Other Field (Specify) _____
 6. Doctorate in Nursing
 7. Doctorate in Other Field (Specify) _____
 8. Other (Specify) _____
4. Number of years of nursing practice :
 1. Less than five
 2. 5 - 10
 3. 11 - 15
 4. 16 - 20
 5. 21 +
5. Number of regional or national meetings attended in which the concepts of collaborative programming were discussed :
 1. None
 2. One
 3. Two
 4. Three or more
6. How well informed do you consider yourself regarding the issues addressed in this survey:
 1. Not well
 2. Reasonably well
 3. Very well

Please seal your questionnaire in the attached postage paid envelope and mail.
Thank you for participating in this study.

APPENDIX D
CONTENT OF POSTCARD



The
University of
Lethbridge

4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4
(403) 329-2425
FAX: (403) 329-2252

GRADUATE STUDIES
IN EDUCATION

May 31, 1990

Dear _____,

A few weeks ago I sent you a letter and several copies of a questionnaire concerning the opinions of southern Alberta nurse educators towards collaborative programming. I had also requested that you distribute the questionnaires to those faculty members who fit the criteria for inclusion in the study.

Could you please take a few minutes to remind your staff to complete the questionnaire and to complete it yourself if you have not already done so. If you and your staff have completed the questionnaires please accept my sincere thanks. If you need extra copies or have questions please feel free to call me.

Thank you for getting involved in issues that are important to nursing.

Sincerely,

Wendy Pickett, R.N., B.N.
(M.Ed. Candidate)
Telephone: 381-0739