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## Collaborative Nursing Education Partnerships: Faculty Experience of Shared Curriculum

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In the 1980s, the Canadian Nurses Association (CNA) assembled nurse educators across Canada to move toward the elimination of diploma-nursing programs and to require a baccalaureate degree as entry to registered nurse (RN) practice (CNA, 1982; Hills et al., 1994; Kirby, 2007; MacIntosh & Wexler, 2005). Zawaduk et al. (2014) argue that this impetus for nursing education reform stemmed from evolving health care needs of Canadians, major advancements in technology, and overall enhancements in health care service delivery. Thus, Canadian nurse educators proposed the collaborative nursing education partnership model as a cost-effective option to facilitate the baccalaureate as entry to RN practice (Kirby, 2008). Over the past 20 years, nurse educators across Canada developed numerous collaborative nursing education partnership models (MacIntosh & Wexler, 2005). In this paper, we focus on one western Canadian college and university experience of offering a collaborative nursing education partnership. Specifically, the objective of this paper is to present our findings of the nursing faculty experience of adopting a shared baccalaureate curriculum in the context of their collaborative partnership.

There is a dearth of literature that provides guidance to nurse educators on how to create a successful partnership. In particular, there is little research concerning collaborative nursing education partnerships in Canada. The majority of the reviewed literature was opinion-based articles written only from one perspective (primarily that of the university). The nursing faculty viewpoint of the experience of offering a common curriculum within collaborative nursing education partnership was absent in the literature. In this paper, we will address these gaps in the literature by reporting on our research findings with researchers from both the college and the university and through representing the experience of the faculty members who were responsible for the delivery of the curriculum.

## **Background**

### **The collaborative nursing education partnership**

The college and university in a western Canadian province have been in partnership since 1999 and are located 300 kilometers apart. They follow a parallel collaborative nursing education partnership model, where cohorts of students stay at the same institution through all four years of the program and complete a common agreed-upon curriculum (Kirby, 2008). Upon completion of the program, graduates receive a baccalaureate degree that is conferred by the university partner. Although this western Canadian partnership followed a parallel model, a key distinction is that the traditional baccalaureate curriculum taught at each institution was independent of the other for the first 12 years of the partnership. In 2005, the university independently began a major curriculum review. In September 2010, the university faculty implemented an integrated context-relevant baccalaureate curriculum, making the two curricula different.

In December 2011, the university required the college to begin preparing to take on the new university curriculum. Consequently, the college faculty members began implementing the integrated context-relevant curriculum in fall 2013. Thus, it is timely to explore the experience of sharing curriculum between the two institutions. The main objective of this paper is to evaluate the nursing faculty experience of adopting a common integrated context-relevant curriculum in the context of a collaborative nursing education partnership. In this paper, we will describe the characteristics of an integrated context-relevant curriculum. We will then explore nursing faculty members' perceptions of their experience of implementing the shared curriculum.

**An integrated context-relevant curriculum.** Rosenau, Watson, Vye-Rogers, and Dobbs (2015) suggest that the traditional baccalaureate curriculum has emphasized success in individual courses (for example, pharmacology) and has led students to focus on memorization and repetition of large amounts of content and facts. In comparison, an integrated curriculum is aimed at scaffolding learning experiences throughout the nursing program (Rosenau et al., 2015). Specifically, Rosenau et al. (2015) recommend that integrative learning approaches foster clinical reasoning and clinical judgment skills in learners, and, thus, prepare students for success in multi-layered practice situations. A context-relevant curriculum is one that is a) “responsive to the students; current and projected societal, health, and community situations; and current and projected imperatives of the nursing profession;” b) “consistent with the mission, philosophy, and goals of the educational institution and school of nursing;” and c) feasible within the realities of the school and community” (Iwasiw & Goldenburg, 2015, p. 7). This type of curriculum will be uniquely based on the local context at the same time as it prepares graduates for current and future practice (Iwasiw & Goldenburg, 2015).

**United in the transition experience.** Faculty at both institutions had been required to let go of their traditional baccalaureate curriculum and adopt the new integrated context-relevant curriculum. Kupperschmidt and Burns (1997, p. 90) suggest that nursing curriculum could be viewed as an extension of the faculty psychological self. Thus, curriculum revision compels nursing faculty to undergo a major paradigm shift as they reassess their philosophy of teaching and learning and ultimately change their worldviews to align with the new curriculum (Kupperschmidt & Burns, 1997).

### **Collaborative nursing education partnerships: Current state of the literature**

Nurse educators involved in collaborative nursing education partnerships are responsible for bringing together two schools and two cultures to deliver one equivalent nursing program (Akhtar-Danesh, Brown, Rideout, Brown, & Gaspar, 2006). In the following section, we outline findings from the literature related to pressures that act on nurse educators who work within a collaborative nursing education partnership.

**Differing institutional mandates, missions, and culture.** The main focus of this paper is to assess the nursing faculty experience of adopting a shared baccalaureate curriculum in the context of their collaborative nursing education partnership. It is beneficial to discuss some of the differences in institutional mandates and missions of the college and university as they contribute to the complexity of establishing a collaborative nursing education partnership. Historically, the university has deep-rooted values in the scholarship of discovery. Comparatively, as Baines (1992) points out, college missions and mandates have traditionally been associated with scholarly teaching and student contact that is associated with the classroom. There has been a recent shift in college organizational missions and mandates to espouse similar values of scholarship of discovery as the university. In particular, college missions and mandates have made a step towards scholarship of teaching and learning. Therefore, some people may believe that although there is value placed on scholarship of teaching and learning, there may not be time allotted or adequate support in the college setting to do so. This may contribute to college faculty feeling overwhelmed.

**Shared leadership for shared decision-making.** Quinless, Elliot, and Saiff (1997) highlight that the most essential assumption underlying the successful collaborative nursing education model is the absolute support of the senior leadership involved. In particular, it is

critical that senior-level leadership within the partnership are on board to ensure that faculty members are afforded the time to collaborate with their partner institution (Quinless et al., 1997). Similarly, MacIntosh and Wexler (2005) emphasize that the collaborative relationship happens along the entire continuum from the inception of the idea of partnership through to evaluation and accreditation of the program. Additionally, it is essential that faculty members at all sites contribute to the development of the shared curriculum and engage in constant critical reflection to ensure that courses would reflect common meanings (MacIntosh & Wexler, 2005; Molzahn & Purkis, 2004). As a step towards this, these authors emphasize that faculty across sites should remain in close contact through email or teleconferences to actively work towards preserving the curriculum integrity as it is being implemented at each school. MacIntosh and Wexler (2005) identify that once faculty from different sites met and developed rapport they felt freer to contact faculty across sites through email or teleconferences. Additionally, Quinless et al. (1997) argue that when nurse educators invested time in collaborating with their colleagues they are more likely to take pride in the program of the collaborative partnership rather than their own institutional agendas. Finally, institutional cooperation of any sort takes time as well as intense human involvement and energy (Kirby, 2008; Quinless et al., 1997).

**Establish effective communication within partnership.** Alteen, Didham, and Stratton (2009) emphasize the need for exploration of role expectations, hopes, and values of all educators involved in a collaborative nursing education partnership. It is essential that this communication take place within a supportive and safe environment where there is mutual trust and respect, recognition of professional competence, and acceptance of diversity of thought among nurse educators (Akhtar-Danesh et al., 2006; MacIntosh & Wexler, 2005; Zawaduk et al., 2014). Molzahn and Purkis (2004) highlight that to achieve clarity and transparency among educators from both institutions, it is essential there is an ongoing communication plan that responds to the evolving needs of each partner.

Despite widespread recognition that open communication is essential to a successful collaborative nursing education partnership, Akhtar-Danesh et al. (2006) stress that it is arduous to implement. Kirby (2008) explains that there is a possibility that one party or the other will feel that they are putting in more than they are getting from the partnership. One partner may feel that the collaborative nursing education partnership is not a mutually beneficial relationship, and that they are constantly offering support and advice to the other partner (Akhtar-Danesh et al., 2006). Ineffective communication in a collaborative nursing education partnership leads to a variety of personal and professional concerns (McQueen Dewis & Grenier, 1993). McQueen Dewis and Grenier (1993) identified that ineffective communication within the partnership can cause nursing faculty to feel powerless, anxious, uncertain, and ambiguous about their role. Despite these perceived challenges in collaboration, Storch, Dresen, and Taylor (1999) contend that collaborative nursing education partnerships should inspire nurse educators to unite and partner in working towards a common goal of enriching nursing students' learning experience.

**Consequences of effective communication.** Collaborative nursing education partnerships offer a new kind of synergy among nurse educators as it promotes sharing knowledge across institutions (Molzahn & Purkis, 2004). In particular, Quinless et al. (1997) argue that the blending of institutional strengths and expertise to meet the goals of the partnership inevitably contributes to faculty development of the involved nurse educators. Similarly, Akhtar-Danesh et al. (2006) report that when collaboration was successful, faculty members were motivated to develop their careers in new directions.

In order to promote faculty development, Zawaduk et al. (2014) suggest that diverse forums should be accessible to nurse educators to examine the central tenets of the curriculum and foster educator debate regarding the underlying philosophical values and beliefs of teaching and learning. Furthermore, Quinless et al. (1997) highlight that with time, experience, reflection, and discussion, educators become increasingly confident and develop into expert teachers in the collaborative nursing education partnership. By acknowledging the contributions and unique strengths of the collaborative partners, a culture of diversity of thought is cultivated, thereby encouraging innovation among nurse educators involved in the collaborative nursing education partnership model (Quinless et al., 1997). For example, university educators are well positioned to promote the scholarship of discovery within the partnership by collaborating with college faculty on joint scholarship activities.

## **The research process and methodology**

### **Method**

The philosophical underpinnings of qualitative research are grounded in the belief of multiple realities and a commitment to the participant's viewpoints (Vaismoradi, Turunen, & Bondas, 2013). Qualitative description is the method of choice when the goal is to provide a straight description of the phenomena (Sandelowski, 2000). The goal of qualitative descriptive research is to stay close to the surface level descriptions of the phenomenon and truly appreciate the participant's choice of words and perspective on the experience (Sandelowski, 2000). In other words, Sandelowski (2000) suggests that data collection in qualitative descriptive studies is typically directed towards discovering the "who, what, and where of events or experiences, or their basic nature and shape" (p. 338). In terms of data collection, Sandelowski (2000) states that "focus groups are typically used to obtain a broad range of information about events" (p. 338). We chose to use focus groups for data collection.

### **Data collection**

Ethics approval for the research study was obtained from the university's and college's research ethics boards. All participants were volunteers and completed informed consents indicating they were aware they could withdraw from the study at any time. College and university nursing faculty involved in teaching year two of the integrated context-relevant curriculum were eligible to participate. In June 2015, the first focus group included four college faculty, all of whom had master's degrees in either education or nursing and had teaching experience ranging from 8–25 years. In November 2015, the second focus group included five university faculty who had teaching experience ranging from 3–20 years. Among the university focus group participants, four held master's degrees in nursing, education, or public health, and one participant was a master's of nursing student.

### **Data analysis**

The qualitative descriptive approach to data analysis is value laden as researchers are analyzing the data and reporting what they perceive to be the experience of the participants (Sandelowski, 2000). Therefore, Sandelowski (2000) explains, in the process of describing an experience or event, the researcher will feature certain aspects of it and transform that experience or event. At the time that this study took place, the first author was enrolled as a graduate student in the Faculty of nursing at the western Canadian university. During the time that this research study took place, the first author was not employed as a nurse educator at either the university or

the college. Thus, it is important to note that the first author had no direct link with the integrated context-relevant curriculum that is being implemented within this collaborative nursing education partnership. However, the remaining authors who participated in this research study were directly involved in implementing the integrated context-relevant curriculum in the context of the collaborative nursing education partnership. The second author is a nurse educator who has been employed by the college for over 20 years. The third author is a nurse educator who has been employed by the university for over 20 years and is the team lead. At the time this research study took place, the fourth author was the associate dean of the undergraduate nursing program at the university and was directly involved in the implementation and evaluation of the integrated context-relevant curriculum and was responsible for the curricular aspects of the collaborative partnership.

The researchers analyzed the data using thematic analysis. Vasimoradi, Turunen, and Bondas (2013) identify three steps to thematic analysis that we followed in this study. First, the primary author obtained a sense of the whole through reading the transcript over several times and considered both latent and manifest content in the data transcripts. Following this step, the first author generated initial codes and reviewed the data and searched for themes. At this point, the remaining authors reviewed and discussed the initial codes for further interpretation of the findings and review of a balanced analysis of the data. The final step involved reporting the results.

### **Results of the study: Exploring nursing faculty positionality and perceptions**

The present study focused on the nursing faculty experience of undergoing a curriculum transformation in the context of a collaborative nursing education partnership. Nursing faculty members within the partnership were united in their experience of offering a shared curriculum. Yet, each faculty member's experience was shaped by the position they held within the partnership. Participants identified several facilitators of successful collaborative nursing education partnerships including but not limited to a) the appreciation of unique institutional culture and norms, b) the senior-level leadership role in creating space for shared decision-making within the partnership, and c) the importance and value of establishing effective communication within the partnership. In the following section, we will explore how these themes relate to the nursing faculty members' experiences of offering a shared curriculum first from the college perspective and then from the university perspective.

#### **College positionality**

**Unique institutional culture and norms.** The college focus group participants provided significant insight into how the college culture and unique institutional norms informed their experience of implementing a shared curriculum within the partnership. An overarching theme that emerged was that college faculty were consistently advocating for their unique institutional needs and constantly striving to ensure the shared integrated context-relevant curriculum was tailored to their specific context. Primarily, college faculty emphasized they were fortunate to have really strong interpersonal relationships within their institution that were built on trust and respect for diversity of thought. As one participant described, "Within our 16 faculty there is ongoing communication and development daily. Even between terms. We are not afraid to try something new; we discuss things."

Furthermore, college faculty members perceived that their teaching workload expectations distinguished them from university faculty. In particular, a participant described,

“We are smaller; as an individual instructor teaching a full off-campus group, you could be teaching theory, and you could also be doing, you know, two or three on-campus sessions as well.” The expectations around teaching workload in a college setting may be perceived as both an asset and a limitation when considering the adoption of an integrated context-relevant curriculum. A participant described,

With us being involved with so many courses all the way throughout, I feel that a lot of us have a very good perspective and overview as to how things are being followed through, where gaps are existing. We see it quite clearly because we have truly lived every aspect of it.

On the other hand, the college faculty believed that their sheer volume of teaching workload was greater than that which was expected of university instructors. Thus, college faculty described that their teaching workload “can cause feelings of being overwhelmed and can contribute to their stress.”

**Perception of shared curriculum communication.** College faculty highlighted that the university faculty they worked with during the actual implementation of the shared curriculum were incredibly supportive. As one participant described, “On the different layers everyone we worked with has been phenomenal; they share everything with us. There is respect and valuing at that level. And we’re so grateful for that.” However, college faculty stressed that a key element that shaped their experience of offering a shared curriculum was how the change was first brought to their attention.

Predominantly, college faculty expressed frustration that the university independently underwent a major curriculum revision, and they felt excluded from the process of developing the new curriculum and powerless because they were simply informed that they would be implementing the same curriculum that the university developed. Additionally, a key theme that emerged from the transcripts was that college faculty perceived that they were given no real rationale for why the curriculum change needed to happen. According to one participant,

And then all of a sudden for all of that work to just come to a stop, and be like, okay let’s change roads, lets change paths here. “Why” is your first question right? I like to know rationale or reasons behind that change. The rationale was very brief and very vague. It was just very matter of fact, we’re changing.

Essentially, college faculty described feeling like they had no choice or voice around how these curriculum changes were going to take place at their institution. They described feelings of mistrust within the partnership, being devalued, a lack of respect, being silenced, and overwhelming feelings of uncertainty. According to one participant,

Just not being involved was frustrating for me. It’s hard having a collaborative program when it’s not collaborative. Right from the beginning, right? There is still that old thought process of well we weren’t included right from the beginning, so you have to get past that as faculty members, and everyone is at different stages and it’s hard to do that sometimes.

Ultimately, college faculty emphasized the paradigm shift to take on the shared curriculum was challenging because they felt they had no input and therefore no sense of ownership of the new curriculum. Faculty described how at times they felt apprehensive about the integrated context-relevant curriculum, as it was hard to envision this new philosophy of

teaching and learning when they were not consulted in the development and planning stages of the curriculum change.

Essentially, college faculty participants perceived there were major gaps in communication when the “shared curriculum project” was first brought to their attention. In particular, a college faculty member described, “Communication was rough at the beginning. There seems to be a real disconnect from up here and there.”

**Overwhelming feelings of uncertainty.** A factor that contributed to the complexity of the college faculty experience of offering a common curriculum within the partnership is the perceived lack of clear direction and timelines for when suggestions to curriculum revision take place. College faculty described they had tighter deadlines for suggestions for curriculum revision to take place than the university because the academic year in the nursing program runs only from September to April. Therefore, college faculty emphasized that there was more pressure for their suggestions for curriculum revision to be heard in a timely fashion at the university so if changes are deemed appropriate they can be implemented in the upcoming semester and, thus, the same academic year. On the other hand, since the university academic calendar is run year round they have multiple offerings of term three and term four and are able to implement appropriate changes to curriculum sooner than the college.

College faculty were concerned that the length of time taken for their suggestions for curriculum revision to be addressed was going to adversely impact the quality of students’ nursing school experience. As a college faculty explained,

As an advocate for students, the process, or even the thought the curricular change could take a year or longer to come into place. That's depressing. I feel bad. Students are paying great tuition to have a great nursing experience and I am teaching knowing that you know what, this is not the best thing for you, we've evaluated that and we understand that.

Essentially, this college faculty member was describing that after September, once the course outlines are approved and distributed to students, it’s impossible to implement the suggested curriculum revisions. The faculty member was describing her frustration that she had to wait until the following academic year to implement the suggested changes made by the college for term three. Overall, college faculty were keen on establishing guidelines within the collaborative partnership as to when suggestions to revise the curriculum were permissible. As one college faculty member described, “September we are really efficient and we work really hard but changes beyond that yay or nay, it’s too late. It creates that rush and panic.”

College faculty recognized that there would be some ambiguity related to how the curriculum unfolded at their institution and ultimately within the partnership. However, college faculty stressed the lack of clear deadlines related to timing of revisions to the curriculum caused unnecessary stress and anxiety within their institution. In particular, college faculty members explained that they felt compelled to keep abreast of the ongoing curriculum revisions that the university was making throughout the term. College faculty members articulated the ramifications of implementing a revised version of the shared curriculum and its impact on professional relationships with practice partners, on student learning, and on the effects on faculty mental health and well-being. As one participant described,

We had all of our clinical placements lined up according to the new curriculum and then there was a change and we had to go back to a lot of sites and say, sorry things have changed and we won't need to work with you this coming semester.

Another factor that affected the partnership was that the college academic calendar was one week ahead of the university calendar. Thus, as the university faculty adjusted their courses prior to the next implementation, the college faculty felt they had to make similar changes, and the timelines for the college changes were tight. Another participant explained, "As faculty it is very difficult to go day to day. How do you bring the best for your students when you are not finding out until two days before what the new change is? We were stressed."

Many participants identified the impact that the stress of keeping up with the revised curriculum had on their mental well-being and family relationships. Illustrating this point, one participant stated,

My family suffered, my friends suffered, and my health suffered. The stress level. I just had no time. I'm not blaming anyone. You know the people we worked with were awesome, but I don't know, like the stress was a lot.

An overarching theme that emerged was that college faculty members were committed to providing nursing students the best experience possible. Thus, college faculty emphasized that they were eager to work with the university to implement successfully the shared curriculum at their institution. Illustrating this point, a participant highlighted, "Our goal is to have the best experience possible. You know the university has been very supportive." Similarly, another participant stated, "I don't see anything that can't be fixed, it's more positive than negative, there is just a matter of some really good groundwork that needs to happen and that's in the process." Additionally, another college faculty added,

It's nothing that can't be fixed once we know how the relationship is going to unfold further, because what we've got now has been significantly positive. There is a little bit that needs to be worked out and I feel very confident that it will be worked out.

## University positionality

**Unique institutional culture and norms.** It is critical to acknowledge the university faculty members' transition experience of implementing the integrated context-relevant curriculum to their context and, ultimately, the impact this curriculum revision had on their philosophy of teaching and learning. The university faculty members reflected on their transition experience when they first heard that they would be responsible for implementing the revised curriculum. Specifically, university faculty acknowledged the impact the curriculum revision had on their nursing faculty members and how it transformed multiple facets of their organizational culture.

University faculty members described that there had been a transition period when implementing the integrated context-relevant curriculum and aligning it with their institution. Illustrating this point a faculty member stated,

I remember having a lot of transparent discussion around some of the struggles we had here, I said you will likely experience the same thing, and faculty even now don't embrace the changes in curriculum, and that makes those team pieces different.

Since each institution initiated the integrated context-relevant curriculum at different points in time, they have different perspectives of what constitutes a shared curriculum. Specifically, college faculty was in the beginning phase of transition, as this was their first year implementing the revised curriculum at their institution. Comparatively, at the time of the focus groups, university faculty members had five years' experience in developing and implementing the curriculum and to align it with their context. Illustrating this point a university faculty stated,

I think our anxiety was a little bit different too because the curriculum evolved so much from the time that we started to the time that the college came on board. I think their anxiety was the complexity of all of our placements.

**Perception of readiness for curricular change.** Many university participants identified a key aspect that shaped their experience was that even though they did not feel that they had a choice about whether there would be curriculum change, they felt that they had choice around how the curriculum change was going to be implemented at their institution. As one participant shared,

There was an expectation that you didn't really have a lot of choice around it, it was coming whether you were ready or not. But we had some choice. Even though it was scary how that was actually going to unfold and we had choice around the development piece. The college as you know, because of the fact that we're three years ahead we're handing them everything.

The university participants perceived that the college did not have a choice around how the curriculum change was to be adapted to their local context. One participant explained, "The college, after they rolled it out for the first time, they wanted a voice around what those placements look like and how they could make them work with the content in each of the terms." Essentially, the participants identified that the change initiative at the university was implemented "bottom-up" and the participants identified that the change initiative was implemented "top-down" at the college. One university faculty member described their experience of implementing an integrated context-relevant curriculum as different because "it was ground level building."

**Uncertainty related to definition of sharing.** It is important to highlight the university faculty members' sense of uncertainty when heard they would be sharing the revised curriculum with college faculty members in the partnership. University faculty members described that there was a lack of clear definition of what constituted shared curriculum and their role in assisting college faculty members was unclear. As one university participant described,

I didn't have a lot of background to this. It was just simply "well they are coming on and you need to help them out." I was like OK, I can absolutely do that. I'm actually willing to do it. I did it to the best of my ability. I shared course material with them; they came in and sat in on my theory class to see how I taught it. They had lots of questions about it.

Furthermore, the university faculty discussed compounding factors that put extra pressure on their ability to assist college faculty members in adopting the new curriculum. Specifically, faculty discussed four key factors that shaped their experience: a) role ambiguity in relation to how exactly sharing of the curriculum was to occur with college faculty members, b) responsibility for orientating and mentoring new faculty to understand the integrated context-relevant curriculum within their own setting, c) ensuring new university faculty were informed of

their role in sharing the curriculum with college faculty members, and d) consideration that the university academic calendar was year round and there were multiple offerings of term three in one academic calendar year. Thus, university faculty were continuously evolving and developing the curriculum, while college faculty taught each course only once per year and did not teach year round.

Despite these perceived challenges, university faculty expressed that they were really excited about the opportunity to share the curriculum with the college and really yearned for space and time to collaborate. Illustrating this point, a university faculty member said,

It's all in good faith in the sense we don't ever view it or think about it as top down, especially, at this level. There is a great willingness to partner, and I get that same sense from the college faculty.

University faculty members reported that they had a lot of contact and shared everything with the college faculty during the initial stages of implementing the shared curriculum. A participant described, "We emailed and spoke on the phone at least on a weekly basis if not more some weeks. Probably more those first sort of six weeks it was a lot of contact we were having." It appears the university faculty members discussed the concept of sharing predominately in terms of the physical sense. As one participant described, "I shared information with them, I gave them actually all of the course materials, PowerPoint, books, the whole thing. I also offered to be a resource for them throughout the process."

It was evident that faculty from both institutions had a strong desire for mutual reciprocity and decision-making when it came down to the shared curriculum. Overall, faculty from both institutions echoed that they had a very positive experience interacting with each other. Illustrating this point a university participant stated,

I was very transparent it's my first time teaching. It was nerve-racking because these are professionals with over 14 years teaching experience. But I actually liked it that they came because they were able to give me feedback. So for me it was like thank God that they were there. I felt like I was giving them something and I was getting something back.

### **Pressures that infringe on desire for reciprocity within the partnership**

College and university faculty members agreed that at the faculty-to-faculty level there was a strong desire for reciprocity and there was lots of communication happening within the partnership. However, college faculty described the bureaucracies associated with collaborating with the university to engage in shared decision-making regarding the curriculum. Illustrating this point, a college faculty member described,

We were unable to share our ideas and help to show the university how to do term four a little bit differently. Like within the collaboration what is the process? We understand submit a proposal through university curriculum committee (UCC) but at the college we are used to having our faculty get together and you know [presenting challenges or successes and working through as a team.] I think with this new curriculum having to go through the [UCC] is creating a bit of a powerlessness feeling for me.

A key theme that emerged was that college faculty members perceived they lacked the autonomy to make ongoing changes to the curriculum and, consequently, they felt this impeded opportunities for shared decision-making within the partnership. Comparatively, university

faculty perceived they had the authority to independently make ongoing changes to the curriculum. Illustrating this point, a university faculty member stated, “it sounds like if [the college] wants to make changes they have to go through the UCC to get approval. I don’t think that process is clear and well defined.” Thus, shared decision-making within the partnership was interrupted as college faculty were forced to submit a request through the UCC prior to making any changes.

College faculty members described feeling anxious that the process of approval for proposed curriculum change was undefined and ambiguous with a lack of appropriate timeframes as to when their concerns would be addressed. Essentially, college faculty described feeling debilitated because there was no clear process to communicate their ideas within the partnership and, thus, their attempts at making suggestions related to curriculum change were perceived to be futile. Since the college faculty members experienced that, their concerns were not being addressed within an appropriate time frame through the UCC they resorted to asking university faculty regarding potential changes to the curriculum.

University faculty members reported feeling uncomfortable answering college faculty members’ questions related to the curriculum change, and this caused tensions within the partnership. As one participant explained, “I didn’t wanna lead them down some path that would cause problems. I don’t think I have the authority to tell you that you can’t do that or you should do that?” As a result, university faculty members described feelings of being inundated with the uncertainty related to their role and responsibility of sharing curriculum with the college. A university faculty member rationalized “some of the questions they were asking were more higher level.” Overall, the data revealed that the ambiguity surrounding college faculty members’ capacity to suggest curriculum changes created tensions with interpersonal relationships within the partnership.

Additionally, it was evident in the data that lack of allocated time for communication within the partnership was a barrier for shared decision-making to occur. For example, a university faculty member expressed,

I don’t think that sort of idea of sharing was, is necessarily.... very clear and set about this is how we’re gonna do it. It just sort of started to happen and happened. I don’t think I actually said let me know how this is working. I don’t think I actually asked the college faculty for feedback on how things were going. Who has the time? Because it was chaos all of the time. I probably didn’t want to know because what was I going to do about it anyways? I can’t even manage this group of students. So it was a little uncertain for a while.

Furthermore, the participants professed that college teaching workload hours impeded shared decision-making opportunities taking place within the partnership. Illustrating this point, a college faculty member explained,

At the college majority of the same faculty teach term three and term four. So basically, once fall semester (term three) is done, the majority of the same faculty are focused on preparing to teach term four starting in the winter semester. So it is difficult for us to do curricular review of term three in January.

Another stated, “So our time for development and revisions is in the moment and that overall big picture review like from week to week, everybody takes notes, you have your meetings in April.”

At the same time, university faculty members were unable to work through changes for term three in the fall semester in April as they were then preparing for term four in the spring/summer semester.

### **Improving the process of implementing the shared curriculum within the partnership**

Nursing faculty from both institutions discussed ways to improve the experience of shared curriculum within the partnership. Both university and college faculty members spoke about a lack of guidance on what it means to share a curriculum. A faculty member explained, “I think the fears, the top down quote and the *us versus them* all came from that no one really knew what was OK and what wasn’t.” One of the main concerns that both college and university faculty members expressed was role ambiguity in relation to how exactly to “share” the curriculum.

Faculty members from both institutions identified that there was lack of space and time to determine what sharing meant as they were faced with competing priorities of meeting the needs of their institution and meeting the needs of the partnership. Illustrating this point, a university faculty member stated, “You’re given a role and a title to be a liaison or resource, but what exactly does that mean?” In addition, the university faculty member questioned, “Do they have to follow our course outline or do they just have to follow the content? What needs to be consistent? What do we mean by collaboration at the different layers? There is a lot of unwritten stuff.” Another university faculty member explained, “We need some leadership around creating that kind of space for those, you know, those shared conversations around experience. Then maybe we can move to another level around the collaboration.”

**Vision for the dream team.** Primarily, faculty members articulated a vision where senior-level leadership within the partnership would assemble a team that had equal representation of nursing faculty from both institutions. The aim of this team would be to engage in planned, purposeful dialogue. Faculty members discussed that communication within the partnership should be ongoing and not only when something goes wrong. Illustrating this point a faculty member stated, “We had a positive relationship but it would be nice to have a human relationship where it’s not chaos.” Additionally, another faculty member emphasized, “Acknowledging the mutual responsibility that faculty have to maintain the curriculum and move it forward and support teaching practice development on a lot of levels.” Another participant added,

There needs to be a team. So we can have an upper level discussion and acknowledge differences in context, student numbers, and placements. You know all of those things that influence the way we unfold the curriculum and decide what’s context relevant.

The participants identified some key barriers to developing this team-like environment within the partnership. Specifically, participants acknowledged geographical barriers, perceived workload barriers, and the element of time as impeding communication within the partnership. Illustrating this point, a university participant stated, “Geographically we are physically separated and it can be challenging to get these groups together when everybody is teaching full time and we run year round and they don’t.” Furthermore, another university faculty participant highlighted, “The timing piece is really big when trying to plan a meeting together.” Demonstrating this point a participant described,

The spring doesn't work, because they don't teach in spring and summer. The timing wise wouldn't work because we'd already implemented or put some changes forward and then it was almost too late for them to take it up in the fall because it's August. You know it's two weeks before. So the timing piece is big.

### Discussion

In this study, we have gathered data from faculty members about their perceptions of shared curriculum from both institutions in the partnership. Our key study findings suggest that it is vital for nurse educators to collaborate and build authentic relationships to ensure there is a common vision of how shared curriculum should unfold within the partnership. It is essential there is an ongoing communication plan in place and there is an emphasis on developing a team-like environment within the partnership that encourages equal participation from both college and university faculty. The literature review and research findings confirm that there needs to be a common understanding of unique institutional mandates and culture, shared decision-making, and effective communication within the partnership. We have turned to Wenger's community of practice theory to provide some preliminary recommendations to nurse educators that are employed in collaborative education partnerships.

#### Developing communities of practice.

"Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly." (Wenger, 1998, p. 1). Wenger (1998) describes three dimensions that support the development of a community of practice. The first dimension is *mutual engagement*, whereby faculty members develop the meaning of their engagement in practice together through negotiation, which allows for developing both similarities and differences in practice. The process of engagement requires constant attention in order to support the development of relationships as well as safe expression of differences in opinion. As faculty members, we should "invest ourselves in what we do and at the same time we invest ourselves in our relations with other people" (Wenger, 1998, p. 192). Since nursing programs in collaborative nursing education programs are often located at different geographic locations, mutual engagement would require communication through a variety of modalities with occasional face-to-face meetings that strength and sustain the relationships between faculty members.

The second dimension is *joint enterprise* (Wenger, 1998). Joint enterprise results from collaborative negotiation processes that lead to mutual accountability for their common practice. This negotiation process takes place within broader systems, which in this instance would be the partnership institutional cultures and mandates, the professional nursing association requirements, and government regulations. However, Wenger suggests that "even when a community of practice arises in response to some outside mandate, the practice evolves into the community's own response to that mandate" (p. 80). Faculty members negotiate their interpretation of their mandate and then become mutually accountable for fulfilling that mandate. Defining a joint enterprise is not static, but changes with time, "it pushes the practice forward as much as it keeps it in check" (p. 82). Thus, faculty members involved in sharing a curriculum need to be prepared to continually re-negotiate and re-examine their practices together, learning from one another for the benefit of the programs within the partnership.

The third dimension of a community of practice is *shared repertoire* (Wenger, 1998). This is a shared language and history as well as shared resources. These resources can be

heterogeneous, providing diversity but also ambiguity within their practice. “When combined with history, ambiguity is not an absence or a lack of meaning. Rather, it is a condition of negotiability and thus a condition for the very possibility of meaning.” (p. 83). Through this sharing of resources and developing a common practice history over time, a community of practice will develop that will sustain faculty members through the strengths and challenges of delivering a shared curriculum within a collaborative nursing education partnership. By building a community of practice, nurse educators may build the capacity to enhance the collaborative nursing education partnership further.

### **Study limitations and considerations for future research**

This study focused on one nursing education partnership that was involved in offering a shared integrated context-relevant curriculum, and, in particular, what the nursing faculty perceived to have influenced their experience. The purpose, through the voices of nursing faculty involved in the study, is to conclude how to improve the process of implementing a shared curriculum so that leaders can address the factors that impeded and facilitated collaboration within this partnership. Secondly, this account of nursing faculty experience is vital in providing a greater understanding and insight to other collaborative nursing education partnership models that are considering implementing a shared curriculum within their partnership.

Research evidence remains scant in the collaborative nursing education partnership literature, as we found no other research articles that were committed to revealing the nursing faculty perspective of offering a shared curriculum in a collaborative partnership. However, there are limitations to this study. This paper primarily focuses on Canadian schools of nursing and is limited to only discussing this phenomenon within the discipline of nursing. In order to build upon this research study, future research should expand to include collaborative nursing education partnerships within a global landscape. Furthermore, it would be interesting to explore how other disciplines are implementing collaborative education partnerships.

This research study is limited to only exploring the college and university faculty perspective of offering a shared curriculum in a collaborative nursing education partnership. An area of further research would be to explore the senior leadership perspective of the experience of offering a shared curriculum in a collaborative nursing education partnership. In particular, it would be interesting to hear the university leadership perspective, as they are accountable for the overall outcome of the program and the granting of the degree within the partnership. Another area of further research would be to explore both senior leadership and nursing faculty insights on an effective vision that addresses the following: a) the essential attributes of a shared curriculum within a collaborative nursing education partnership, b) an exploration of faculty role expectations in offering a shared curriculum, and c) the feasibility of the different forums to communicate the shared curriculum vision.

### **Application to nursing education practice**

Curriculum change in nursing education is essential to prepare nursing students for the evolving demands of today’s health care settings. Iwasiw and Goldenburg (2015) explain that curriculum development is an “ongoing activity in nursing education, even in schools of nursing with established curricula” (p. 3). However, Iwasiw and Goldenburg (2015) emphasize, “Curriculum development process does not occur in ordered, sequential stages or phases. The process is iterative, with some work occurring concurrently, and with each new decision having the potential to affect previous ones” (p. 3). After conducting this research study, it is evident

that an added layer of complexity in the scholarly process of curriculum development and change is when nursing faculty are required to work within the context of collaborative nursing education partnership. Curriculum development within this context can be challenging as nurse educators are compelled to collaborate across institutional boundaries and construct a shared culture that incorporates both college and university perspectives.

Through this study and others that may follow, data will emerge that can be used to refine the nursing faculty experience of offering a shared curriculum, thus developing a clearer picture of successful collaborative nursing education partnerships in general. Discussion of the many variables that influenced the faculty experience of shared curriculum can alert leaders in collaborative nursing education partnerships to the opportunities and challenges provided to faculty members through this endeavor. This understanding can then provide the basis for appropriate interventions to improve communication within the partnership and, ultimately, improve the nursing faculty experience of offering a shared integrated context-relevant baccalaureate curriculum in a collaborative nursing education partnership.

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