

# Stakeholder Engagement in Nursing Curriculum Development and Renewal Initiatives: A Review of the Literature

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## Introduction

Mechanisms to support curriculum development for new programs and to facilitate curriculum renewal of existing programs are essential to ensure that nursing education remains relevant and responsive to changing health care systems; the introduction of new health care policies, practices, and priorities; and the evolving roles of nurses (D'Antonio et al., 2013). Curriculum development focuses on the formulation of original and new curriculum (Iwasiw & Goldenberg, 2015). In contrast, curriculum renewal is “characterized by thoughtful evaluation, revision, ongoing responsiveness, and modernization” of existing curriculum (McLeod & Steinert, 2015, p. 232). Historical approaches to curriculum development or renewal have traditionally been teacher-centred (Keogh et al., 2010). However, stakeholder engagement is now acknowledged as an integral part of contemporary curriculum development and renewal as it fosters innovation and helps to maintain currency in a fast-changing health care environment (Axtell et al., 2010; Keogh et al., 2010).

Effective stakeholder engagement also offers benefits to consumers, students, faculty, and the nursing profession. For example, authentic engagement of consumers/clients in curriculum development or renewal allows nursing education programs to reflect the lived experiences of patients and families. Once in practice, knowledgeable and skilled program graduates can translate these experiences into subsequent health care improvements (Happell et al., 2015). Engaging students as key stakeholders in curriculum design can lead to a transformative process for both learners and teachers. Such engagement may lessen hierarchical structures between faculty and students to enhance positive learning experiences, encourage faculty to think differently about their teaching strategies, and support succession management by cultivating graduate students' own teaching abilities (Dalrymple et al., 2017; Nosek et al., 2017). Clinical partners (e.g., practitioners, managers) in diverse health care settings have a pulse on patient complexity and the challenges nurses experience in the current health care system (Tiwari et al., 2002). These stakeholders play a critical role in ensuring curricula focus on knowledge and skill development that adequately prepare nurses to perform competently in a dynamic health care environment (D'Antonio et al., 2013).

Given the integral way that stakeholders contribute to the curriculum development or renewal process, further insight on how best to optimize these contributions through successful engagement and facilitation of authentic role functions is needed. To contribute to this understanding, a literature review was conducted to address the following questions: (1) What role/function do stakeholders serve in curriculum development or renewal in nursing education? (2) What factors promote positive stakeholder engagement in nursing curriculum development or renewal?

## Background

The term *stakeholder* is defined as an individual, an organization, or a group of organizations that have a particular interest or stake in a situation and the potential to prevent or facilitate a strategic decision (Keele et al., 1987; Stefl & Tucker, 1994). Stakeholders in health care education are classified as internal or external to the academic organization. Internal stakeholders include program faculty and students. External stakeholders include professional associations, health care institutions, alumni, and clients (Mannix et al., 2009).

Better understanding of strategies to strengthen stakeholder engagement and maximize their contributions and expertise in higher education is imperative given the notion of social

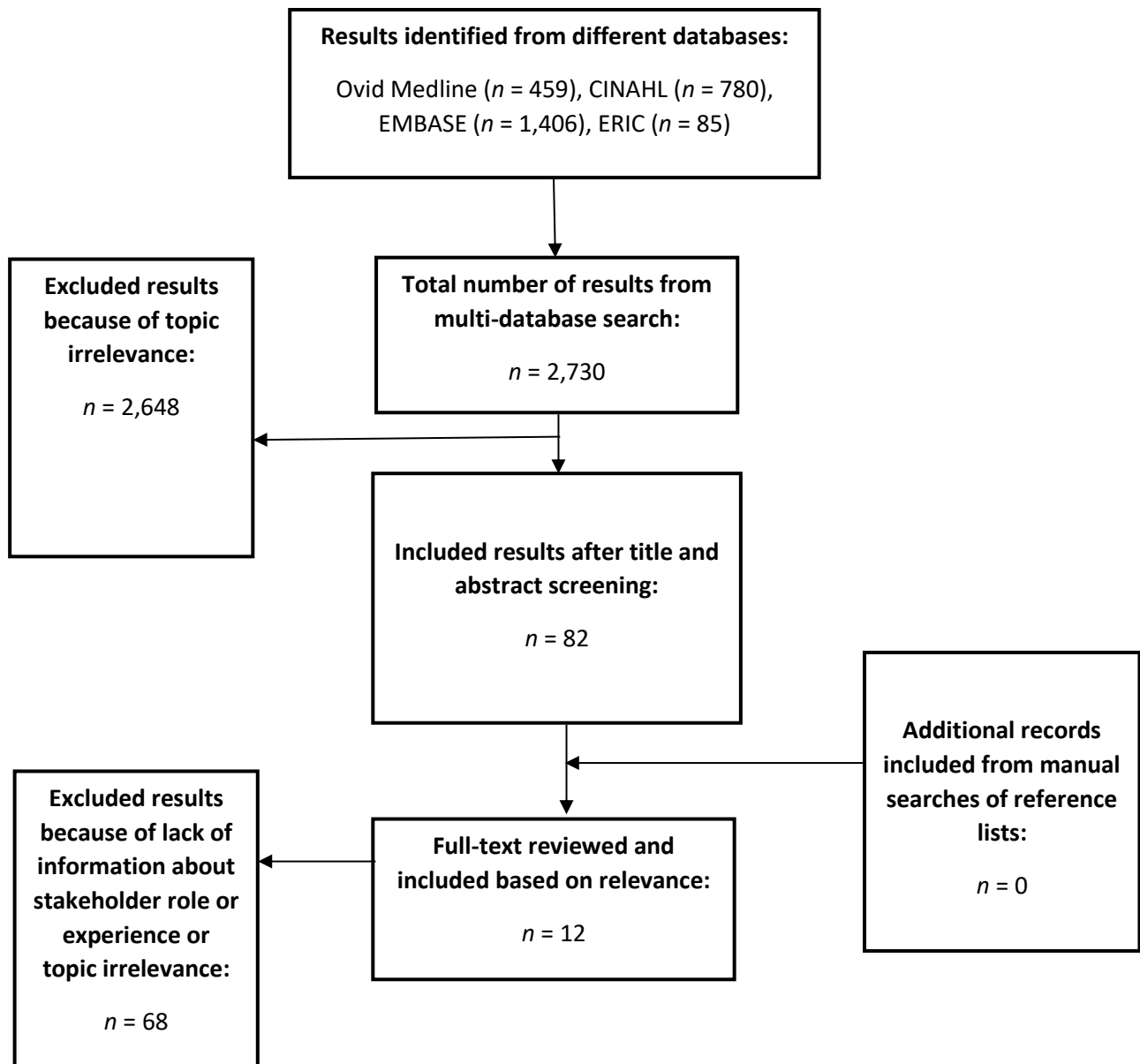
accountability, a critical concept emphasized in the education of physicians and nurses (Boelen et al., 2012; Boelen et al., 1995; Sharafkhani et al., 2015). Social accountability encompasses education that is oriented toward the most relevant and highest priority health care needs of the community. The development of such education depends on collaboration and unified partnerships between stakeholders in academia, government, health care, and the community (Boelen, 2004; Boelen et al., 2012; Rourke, 2006). The concept of social accountability solidifies the important connection between a community-engaged nursing curriculum and its influence on health and health care. Thus, establishing a good understanding of effective stakeholder engagement is vital for developing nursing curricula that are responsive to the health and health service needs of society.

To date, only one scoping has examined stakeholder engagement in nursing curriculum projects (Virgolesi et al., 2014). This review aimed to identify each project's stakeholders and determine the purposes and topics in which they were involved. The authors concluded that a diverse representation of stakeholders from health and non-health sectors, students, and patients were engaged in projects. Stakeholder involvement was reported to occur during times of significant curriculum change or when specialized training was required, focusing only on early curricular design phases with no progression to implementation or evaluation (Virgolesi et al., 2014). This review provides a beginning understanding about the type of stakeholders with relevant skills and experiences who can contribute to nursing curricula and when in the curriculum planning process they can be involved. However, further research into specific stakeholder roles and functions and the conditions under which successful engagement can be facilitated is warranted. Ineffective or tokenistic engagement of external partners can create a disconnect between education and real-life practice (Sidebotham et al., 2017) and prevent leveraging of the critical knowledge, skills, and expertise of key stakeholders (Hearld & Alexander, 2018). Understanding the *what* and *how* of stakeholder participation in curriculum development and renewal can pave the way for more authentic and productive engagement.

### **Methods**

Searches were conducted in primary online databases including Medline, CINAHL, EMBASE, and ERIC using keywords and major headings unique to each database. Abstract and title screening criteria included papers that (1) were published in English from 1974 until June 3, 2018, (2) addressed a higher educational setting in nursing, (3) had a quantitative, qualitative, or mixed method study design or a descriptive report, and (4) examined or described internal and/or external stakeholder participation in a curriculum development or renewal project. Papers were excluded if they were a commentary or an opinion paper. Full-text screening included the use of abstract and title criteria in addition to reporting details about the role or function of external stakeholders and/or reporting on stakeholder experiences related to a curriculum project. The number of excluded and included references are displayed in Figure 1.

**Figure 1**  
*Search Results*



Reference or study characteristic data were extracted pertaining to country of origin, purpose, nursing education level, and type of stakeholders involved. Primary data of interest were extracted relating to stakeholder role or function and factors that fostered positive stakeholder engagement in curricular projects. Data were extracted by one reviewer. Data were analyzed using thematic analysis, a credible method of qualitative analysis in which prominent patterns across text are identified (Braun & Clarke, 2006; Vaismoradi et al., 2013). The first analysis step involved becoming familiar with the text by rereading the articles. Subsequent steps involved inductive

analysis to generate preliminary codes, pool codes into general themes, and finally review and name themes arising from the data (Braun & Clarke, 2006). To further analyze text regarding stakeholder roles and functions, the IAP2 Spectrum of Public Participation (International Association for Public Participation Canada [IAPPC], 2018) was used to categorize the level of stakeholder engagement across curricular projects. The IAP2 Spectrum of Public Participation is a theoretical framework outlining a sequential linear process involving five distinct phases (i.e., inform, consult, involve, collaborate, and empower), with each subsequent phase indicating greater decision-making influence by community partners (Powell et al., 2010; see Figure 2). Data extracted from each of the included articles regarding stakeholder participation were compared to the IAP2 to identify the presence or absence of the five phases. Through this analysis the characteristics of different levels of public participation were identified and described.

**Figure 2**  
*IAP2 Spectrum of Public Participation*

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Source: Reprinted from “IAP2 Spectrum of Public Participation” by International Association for Public Participation Canada, 2018. Copyright 2018 by International Association for Public Participation Canada. Reproduced with permission.

## Results

### Overview of Included References

Final screening of results yielded 12 papers to include in the review. Most of the papers ( $n = 7$ ) originated from the United States, with two from China, and one each from Australia, New Zealand, and the United Kingdom. None of the papers included a Canadian context. Four of the papers consisted of qualitative study designs. Of these four qualitative studies, three examined stakeholder engagement in curriculum development/renewal as their primary research question or focus. The remaining eight papers were reports that provided a description of stakeholder processes used in a curriculum project. Of these eight papers, five explicitly had stakeholder engagement as their primary focus, while three described other aspects of curriculum development or renewal along with stakeholder involvement. Most papers focused on undergraduate education

( $n = 9$ ), followed by graduate ( $n = 2$ ), and postgraduate ( $n = 1$ ) programs. Stakeholders most represented across the papers included academic faculty ( $n = 12$ ), representatives from community and hospital practice environments (e.g., administrators, frontline clinicians;  $n = 11$ ), and students ( $n = 6$ ). Consumer or patient representation was identified in only two references. Other stakeholders identified less often included non-nursing representatives (e.g., family physician), government officials, cultural organizations (e.g., Maori), and professional nursing organizations. Most papers ( $n = 9$ ) focused on the renewal of existing nursing curriculum, while the remainder ( $n = 3$ ) centred on the development of new nursing curriculum. In terms of currency, the majority of papers ( $n = 9$ ) were published after 2010, while three were published in the previous decade. A summary of reference characteristics is provided in Table 1.

**Table 1** *Characteristics of Included Studies*

<b>Citation</b>	<b>Country</b>	<b>Design or Reference Type</b>	<b>Purpose</b>	<b>Education Level</b>	<b>Stakeholders Involved</b>
<b>Axtell et al., 2010</b>	United States	Description of project	To describe a curriculum deliberation process between community, health care, academic, and student partners	Graduate	<ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Practising nurses</li> <li>• Faculty</li> <li>• Students</li> </ul>
<b>Chiang et al., 2011</b>	China	Collaborative action research	To describe the process, challenges, and facilitators of collaborative action used as a vehicle for curriculum change	Undergraduate	<ul style="list-style-type: none"> <li>• Clinical practitioners</li> <li>• Academic faculty</li> </ul>
<b>Chowthi - Williams et al., 2016</b>	United Kingdom	Qualitative case study (semi-structured interviews and document analysis)	To examine how curriculum change in nurse education was managed through application of a business change management model	Undergraduate	<ul style="list-style-type: none"> <li>• Students</li> <li>• Executive and senior managers</li> <li>• Clinical placement manager</li> <li>• Course director</li> <li>• Academic faculty</li> </ul>
<b>D'Antonio et al., 2013</b>	United States	Description of project	To describe the process used to bring together faculty and other stakeholders in a unique way to create a new undergraduate nursing curriculum	Undergraduate	<ul style="list-style-type: none"> <li>• Doctoral students</li> <li>• Faculty scientists</li> <li>• Faculty humanists</li> <li>• Clinicians</li> <li>• Chief nursing officers of hospitals</li> </ul>
<b>Jeffries et al., 2013</b>	United States	Description of project	To describe methods used in a clinical redesign project using a clinical academic practice partnership	Undergraduate	<ul style="list-style-type: none"> <li>• Clinical institutions (director of education, chief nursing officer)</li> <li>• Associated dean</li> <li>• Faculty</li> <li>• Nurse educators (clinical site)</li> </ul>
<b>Keogh et al., 2010</b>	New Zealand	Qualitative content analysis	To determine how stakeholders experienced the collaboration process in	Undergraduate	<ul style="list-style-type: none"> <li>• Lecturing staff</li> <li>• Public institutions (district health board representing hospitals)</li> </ul>

			developing bachelor of nursing curriculum		<ul style="list-style-type: none"> <li>• Private institutions (community health centres)</li> <li>• Maori cultural organizations</li> <li>• Neighbouring educational institutions</li> <li>• Professional nursing associations</li> <li>• Non-nursing university sector</li> </ul>
<b>Gillespie, 2014</b>	Australia	Description of project	To describe a partnership process used to develop a postgraduate perioperative course	Postgraduate	<ul style="list-style-type: none"> <li>• Director of nursing</li> <li>• Clinical nurse specialists</li> <li>• Faculty</li> </ul>
<b>Kramer, 2005</b>	United States	Description of project	To discuss a unique curriculum revision approach.	Undergraduate	<ul style="list-style-type: none"> <li>• Practising nurses (e.g., hospital, long-term care, community)</li> <li>• Faculty</li> <li>• Alumni (new graduates)</li> </ul>
<b>Landry et al., 2011</b>	United States	Description of project	To describe the use of curriculum mapping by a nursing consortium (university, colleges, clinical partners) using a tool that assesses curricula	Undergraduate	<ul style="list-style-type: none"> <li>• Academic faculty from university and community colleges</li> <li>• Nurse educators from hospital partners</li> </ul>
<b>Olinzock et al., 2009</b>	United States	Description of project	To describe a participatory evaluation approach in the development of a community-based nursing curriculum	Undergraduate	<ul style="list-style-type: none"> <li>• Faculty</li> <li>• Nursing students</li> <li>• Community partners</li> <li>• Expert external evaluators</li> </ul>
<b>Nosek et al., 2017</b>	United States	Phenomenology Hermeneutics	To understand experiences of faculty members and students using the Collaborative Improvement Model in curriculum revision.	Undergraduate	<ul style="list-style-type: none"> <li>• Faculty</li> <li>• Senior nursing students</li> <li>• Clinical partners</li> <li>• Alumni</li> </ul>
<b>Tiwari et al., 2002</b>	China	Description of project	To discuss context, process, outcomes of stakeholder involvement in curriculum planning	Graduate	<ul style="list-style-type: none"> <li>• Students</li> <li>• Faculty</li> <li>• Practising nurses</li> <li>• Nurse leaders</li> <li>• Non-nurse leaders</li> <li>• General nursing managers</li> <li>• Family medicine practitioners</li> <li>• Senior academics</li> <li>• Senior government officials</li> </ul>

## Roles and Functions of Stakeholders

Two themes emerged from the data relating to roles and functions that were either formal or that evolved on as needed. Further classifying these roles and functions using the IAP2 Spectrum of Public Participation (IAPPC, 2018) provides an indication of stakeholder engagement level and process that can be applied to curricular projects (see Table 2). For example, there were instances in which engagement progressed through the inform stage and ended at the consult stage. The inform stage includes informing stakeholders about a specific event, a problem, or opportunities to increase their understanding about a situation to be addressed (IAPPC, 2018; Powell et al., 2010). The consult stage refers to asking stakeholders about their ideas for improving situations and potential solutions to resolve issues while actively listening to and validating their ideas and feedback (IAPPC, 2018; Powell et al., 2010). When external stakeholders assumed roles classified under the inform and consult phases, academic faculty often served as primary leaders in the curriculum projects (D'Antonio et al., 2013; Kramer, 2005; Olinzock et al., 2009; Tiwari et al., 2002). In these instances, stakeholders were involved as needed, with no long-term commitment required, reflecting a primary theme of *informal roles and functions*. Stakeholder consultations were conducted through focus groups, collaborative meetings, or interviews. Stakeholder focus groups were tasked with identifying clinical competencies required of graduates, gaps in the existing nursing workforce, and factors that enabled or hindered the acquisition of competencies (Kramer, 2005; Tiwari et al., 2002). In other instances, stakeholder consultation through focus groups or collaborative meetings occurred after curriculum work was already completed, following preliminary strategic planning by a faculty curriculum committee, or after a revised curriculum was implemented (D'Antonio et al., 2013; Olinzock et al., 2009).

**Table 2**

*Classification of Stakeholder Roles and Function Using the Public Participation Spectrum*

Citation	Stakeholder Role(s) and Function	Connection to Public Participation Spectrum (IAPPC, 2018)				
		Inform	Consult	Involve	Collaborate	Empower
<b>Axtell et al., 2010</b>	<ul style="list-style-type: none"> <li>• <b>Five committees</b> with a different focus (e.g., Culture and Health, Gender and Health) co-chaired by one faculty member and one community member               <ul style="list-style-type: none"> <li>○ Each committee asked to deliberate and provide recommendations on graduate knowledge and skill expectations, resources, evaluation outcomes</li> <li>○ Recommendations combined in manuscript; to be integrated into course development</li> </ul> </li> <li>• Purposeful invitation of diverse community representation (e.g., gender, sexual orientation, cultural group)</li> <li>• <b>Community members:</b> non-profit organization, health care workers, elders</li> </ul>	√	√	√	√	



	<ul style="list-style-type: none"> <li>Community organizations represented persons with disabilities, from different cultural organizations, LGBTQ communities</li> </ul>					
<b>Chiang et al., 2011</b>	<ul style="list-style-type: none"> <li>Single group of clinical practitioners and academic faculty participated in 21 meetings across 8 months</li> <li>Equal participation in critical discussions, reviewed curriculum documents, contributed to reflective journals, and served as final decision makers in curriculum changes</li> </ul>	√	√	√	√	
<b>Chowthi-Williams et al., 2016</b>	<ul style="list-style-type: none"> <li><b>Leadership role</b> taken by executive management and academics: responsible for developing the vision and strategic plan and allocating guiding teams to work on different curriculum components within limited time</li> <li><b>Project lead</b> with clinical expertise appointed to each guiding team; was responsible for approving final decisions for curriculum change</li> <li><b>Guiding teams</b> developed new curriculum and managed change</li> <li>Some faculty and clinical partners not included in discussions felt excluded from process and were only “told” of the curriculum change</li> </ul>	√	√	√	√	
<b>Jeffries et al., 2013</b>	<ul style="list-style-type: none"> <li><b>Executive team:</b> 12 leaders (academic and hospital partners): responsible for making all curriculum change decisions via majority ruling chaired by associate dean; monthly team meetings</li> <li><b>Operations task force committee:</b> Created/revised position descriptions, teaching methods, student evaluation, budget, course overviews/skills achievement</li> <li><b>Curriculum committee:</b> responsible for training and development</li> <li><b>Evaluation committee:</b> five members (three academic, two clinical partners) appointed by chair of executive team; responsible for developing and implementing evaluation plan to measure outcomes of a new course</li> </ul>		√		√	
<b>Gillespie, 2014</b>	<ul style="list-style-type: none"> <li><b>Lead working party:</b> consisting of hospital Director, nurse educators, faculty responsible for appointing secondary working party to plan course development</li> <li><b>Secondary working party:</b> directors, clinical nurse specialists, faculty, nurse educators identified key learning areas, ensured relevance and comparable standards to other national courses</li> </ul>	√	√	√	√	
<b>Kramer, 2005</b>	<ul style="list-style-type: none"> <li><b>Collaborative sessions/focus groups</b> with practising nurses in diverse health care setting and recent alumni during which these stakeholders brainstormed competency expectations, duties, tasks for new graduates</li> <li><b>Faculty</b> were responsible for developing curriculum plan and new course syllabi</li> </ul>	√	√	√	√	

<b>Landry et al., 2011</b>	<ul style="list-style-type: none"> <li>• <b>Advisory board:</b> nurse educators from service providers, educational consultants, faculty responsible for providing direction to the audit (curriculum mapping), analysis, and curriculum revision</li> </ul>	√	√	√	√	
<b>D'Antonio et al., 2013</b>	<ul style="list-style-type: none"> <li>• <b>Curriculum committee</b> (academic members) and associate dean: developed draft mission, vision, and values to serve as foundational framework to guide curriculum development</li> <li>• <b>Revision task force:</b> stakeholders (e.g., clinicians, chief nursing officers) who reviewed draft, provided input</li> <li>• <b>Nursing faculty:</b> eight focus groups to provide feedback on the framework</li> <li>• <b>Additional stakeholder consultation:</b> <ul style="list-style-type: none"> <li>○ three focus groups for further review of framework</li> <li>○ five focus groups to provide ideas on teaching methods, knowledge, and knowledge sequencing for themes of judgement, inquiry, engagement, voice</li> </ul> </li> </ul>	√	√			
<b>Olinzock et al., 2009</b>	<ul style="list-style-type: none"> <li>• <b>Faculty committee:</b> responsible for developing, refining, and implementing new clinical program</li> <li>• <b>Student interviews and focus groups:</b> quantitative and qualitative feedback sought and integrated into program for improvements</li> <li>• <b>Community partners:</b> meetings with faculty for brainstorming and continued feedback after new program implemented; participation in retreats to sustain partnerships, discussion of evaluation plans and for professional development</li> </ul>	√	√			
<b>Nosek et al., 2017</b>	<ul style="list-style-type: none"> <li>• <b>Curriculum revision task group:</b> seven faculty members who identified and organized four <b>stakeholder workgroups</b> that consisted of faculty, students, clinical partners, and alumni responsible for gathering and summarizing evidence and providing recommendations related to                             <ul style="list-style-type: none"> <li>○ Curriculum mapping and diversity</li> <li>○ Evidence/best practice</li> <li>○ External guidelines</li> <li>○ Past and present curriculum data</li> </ul> </li> <li>• Each workgroup had both content and process facilitators</li> <li>• Week-long retreat during which stakeholder workgroups presented their work and recommendations</li> <li>• Findings helped to make decisions about structure of new curriculum</li> <li>• <b>Task groups</b> assembled after retreat: faculty who develop course objectives, syllabi, evaluation measures</li> </ul>	√	√	√	√	
<b>Tiwari et al., 2002</b>	<ul style="list-style-type: none"> <li>• <b>Focus group interviews:</b> students, frontline nurses</li> </ul>	√	√			

	<ul style="list-style-type: none"> <li>• <b>Individual interviews:</b> government, nurse and non-nursing leaders, family physician, academic faculty</li> <li>• Non-academic stakeholders asked in interviews and focus groups about knowledge and skills required of new nurses, deficits in knowledge/skills, factors/enablers needed to acquire new knowledge and skills</li> <li>• <b>Faculty:</b> responsible for planning and writing new curriculum via one-day workshop, individual and group meetings, consultation surveys</li> </ul>					
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Many roles and functions displayed a progression of community engagement that moved beyond the consult phase into the involve and collaborate phases of the spectrum (see Table 2). Involvement and collaboration were reflected in active and mutual participation by stakeholders who served in leadership roles, such as a project lead (Chowthi-Williams et al., 2016; Gillespie, 2014); curriculum committee co-chair (Axtell et al., 2010); or member of an executive team (Jeffries et al., 2013), advisory board (Dorfman et al., 2008; Landry et al., 2011) or task force/committee (Axtell et al., 2010; Chiang et al., 2011; Nosek et al., 2017). These examples are linked under the second theme of *formalized roles and functions*. The main functions of these groups spanned work that was strategic and/or task-oriented in nature. Stakeholder involvement in strategic planning was related to developing an overall vision and recommendations about expected graduate outcomes, evaluation planning, and curriculum mapping (Axtell et al., 2010; Chowthi-Williams et al., 2016; Gillespie, 2014; Jeffries et al., 2013; Landry et al., 2011). This high-level work guided the direction of smaller workgroups in which activities were task driven. Workgroup tasks involved reviewing and analyzing existing curriculum to identify critical learning areas, developing new curriculum and change management strategies (Chiang et al., 2011; Chowthi-Williams et al., 2016), determining course level achievement and teaching and learning strategies (Axtell et al., 2010), and developing curricular evaluation plans (Jeffries et al., 2013; Olinzock et al., 2009). Roles and functions did not meet the IAPPC (2018) criteria of empowerment, which involves giving stakeholders total control of final curriculum decisions. However, a theme of empowerment defined less restrictively with respect to facilitating positive engagement emerged and is discussed below.

### Facilitators of Positive Stakeholder Engagement

Four themes emerged from the literature relating to facilitators of positive stakeholder engagement in curriculum projects: (1) positive leadership, (2) empowerment, (3) sense of ownership, and (4) culture of equality.

**Positive leadership.** Positive leadership in stakeholder engagement was demonstrated by those in formal leadership roles through the use of effective communication and interpersonal skills in showing support, drawing out inspiration, and making personal connections with partners to promote a culture of safety (Axtell et al., 2010; Nosek et al., 2017). Diverse facilitation techniques, such as using different communication modes to elicit feedback (e.g. written, verbal, small group) in combination with active listening help to promote active participation and foster productivity (Nosek et al., 2017). Stakeholders also responded positively to leadership that was action-oriented, used a structured process (Keogh et al., 2010; Olinzock et

al., 2009), and emphasized shared goal development and achievement (Keogh et al., 2010; Nosek et al., 2017). Key to positive leadership was the promotion of continued learning by providing or facilitating training and educational opportunities for stakeholders (Landry et al., 2011). Promoting the importance of and facilitating critical reflection on group process and progress was also linked to qualities of positive leadership (Olinzock et al., 2009). Kramer (2005) emphasized the importance of leaders setting the tone for celebration by acknowledging stakeholder investment and sharing successes with others throughout the project.

**Empowerment.** Empowerment was the second major theme emerging from the literature. Strategies to create the conditions in which stakeholders felt empowered to contribute and participate relied heavily on a culture that promoted authentic engagement. Stakeholders felt they made meaningful contributions to an outcome when their feedback was formally acknowledged and integrated into decisions that impacted a critical change or project development (Nosek et al., 2017; Olinzock et al., 2009). Integral to this theme was an acknowledgment of stakeholders' expertise and active encouragement by facilitators or leaders to share knowledge and skills and move the project forward (Chowthi-Williams et al., 2016; Olinzock et al., 2009). Empowerment was also fostered by a culture that encouraged and valued diverse opinions (Axtell et al., 2010). The physical space in which stakeholders met also played a role in creating empowering conditions. Having stakeholders host curriculum meetings allowed others to see diversity in health care settings and created a sense of shared power (Axtell et al., 2010).

**Sense of ownership.** Stakeholders having a sense of ownership throughout a project was also critical to sustaining partnership and commitment. One strategy to develop shared ownership and convey the value of contributions was to provide stakeholders with opportunities to participate early in the development of shared goals and a vision (D'Antonio et al., 2013; Keogh et al., 2010; Nosek et al., 2017). Participating in early visioning exercises created buy-in and sustained commitment when working collaboratively toward a common goal (D'Antonio et al., 2013; Nosek et al., 2017). Being involved from the onset of a project provided an enriched experience for stakeholders, generated energy and commitment, and allowed them to see the implementation of a strategic vision (Chiang et al., 2011). Feeling a sense of ownership was also connected to achieving concrete milestones and sustaining participation in projects (Chiang et al., 2011; Keogh et al., 2010).

**Culture of equality.** The last theme that emerged in the literature related to establishing a culture of equality. Central to this theme was the concept of power sharing. This was facilitated by establishing democratic processes and principles for decision making (e.g., objectivity in ideas, active listening, and respect for ideas; Chiang et al., 2011). Integral to the equal and fair distribution of power was providing each stakeholder with a role that was action-oriented (Chiang et al., 2011). This helped to lessen differences and hierarchical structures by promoting a sense of collaboration (Chowthi-Williams et al., 2016; Keogh et al., 2010; Kramer, 2005; Nosek et al., 2017). Establishing equality was also contingent on being open and transparent with group members (Chiang et al., 2011; Chowthi-Williams et al., 2016; Kramer, 2005).

## Discussion

### Stakeholder Roles and Functions

Variance in stakeholder engagement levels in nursing curriculum projects mirrors what is commonly seen in the community development arena. A multitude of techniques and strategies

are used to involve community partners in diverse projects, including public forums, community committees, and invitations to take on leadership roles (Attree et al., 2011). Having external stakeholders assuming informal roles and functions was a common theme resonating throughout the literature and was defined primarily by short-lived consultations at different phases of nursing curricular projects. This finding corresponds with results reported by Virgolesi et al. (2014) who described the frequent use of surface-level techniques, such as interviews and focus groups, to obtain input from stakeholders on project decisions. The use of formalized roles and functions was also notable in the literature and often reflected the sustained engagement of external stakeholders working in partnership with faculty members from project inception until final decisions were made and, in some cases, implemented. These immersive opportunities spanned contributions related to establishing overall visions and strategic plans; developing course content, student outcomes, and expectations; and devising implementation and evaluation processes. The use of formal roles and functions appears to be the most impactful in creating a sense of ownership among stakeholders (Attree et al., 2011).

Frameworks such as the IAP2 Spectrum of Public Participation (IAPPC, 2018) provide a well-structured, comprehensive, and useful way to explore the extent to which stakeholder engagement is managed within curricular projects. Future projects may benefit from the use of this community engagement framework to prioritize and establish the level of stakeholder engagement from the inception of projects.

### **Facilitating Positive Stakeholder Engagement in Practice**

To our knowledge, this is the first review to synthesize literature on facilitators that support positive engagement of stakeholders in nursing education. It is critical to note that the evidence reported in our review is from descriptive reports or qualitative studies. While many of them included a primary focus on stakeholder engagement, some examined other aspects of curriculum development/renewal that included a description of stakeholder engagement. Thus, the level of inference about the effectiveness of strategies to support positive stakeholder engagement in curriculum development/renewal is low and further research is required. However, new insights about stakeholder engagement have been gained and are parallel to those reported in the literature related to community development and community-based research.

### **Fostering Equality**

The theme of equality in this review has also been discussed in community engagement literature. Emphasized in this review was the notion of lessening hierarchical structures between academic and community partners to equalize power. This corresponds with existing literature acknowledging that power differences can critically impact group dynamics and functioning (Belone et al., 2016; Newman et al., 2011). Newman and colleagues (2011) discuss a strategy to disperse leadership responsibilities and fairly distribute power by establishing co-chair roles with one academic and one community representative. Clear protocols to establish co-chair responsibilities may lessen existing power differentials that tend to occur between academia and the community (Newman et al., 2011). While discussed in the context of community-based research, this recommendation is worth consideration for curriculum initiatives. A sub-theme of equality that emerged from this review related to the establishment of democratic and consensus-based decision making. What was not discussed in detail across the nursing education literature was how decision-making processes can be established based on the type of decision to be made

and infrastructure available. Newman et al. (2011) discussed using decentralized decision making by forming subcommittees to disperse power across groups for either low- or high-stake decisions.

A unique finding from this review that was not highlighted in other existing literature was the impact of physical meeting space and the role this plays in power sharing. Axtell et al. (2010) discussed how rotating meeting locations strengthened academic-community connections and permitted exposure to the realities of current health care practices and settings. The notion of where and how groups physically gather is a relevant idea for consideration as curriculum leaders create and decide on meeting schedules.

### **Creating Conditions for Empowerment**

Connected to the idea of balancing power differentials to support equality was the theme of empowerment conceptualized as “a helping process whereby groups or individuals are enabled to change a situation, given skills, resources, and opportunities and authority to do so” (Rodwell, 1996, p. 309). In this review, authentic engagement was central to this theme, as evidenced by validation and integration of stakeholder contributions in project decisions. This is supported by existing community engagement literature, which notes problems with tokenistic participation of community partners (Attree et al., 2011; Gonzalez-Guarda et al., 2017). Stakeholders report fewer positive experiences and fatigue when they are “over-consulted” but no action is taken to respond to or integrate their feedback into decisions (Attree et al., 2011). This emphasizes the need to clearly delineate stakeholder roles and hold co-chairs of curriculum initiatives accountable for indicating their intent in seeking community contributions and how they will or have been used. Valuing diversity of opinion and expertise was also an important finding from this review and is reflected in the community engagement literature. Acknowledging and leveraging unique strengths can be facilitated by working with each stakeholder to identify specific project tasks or discussions that stakeholders can contribute to that align with their personal interest and expertise (Ahmed & Palermo, 2010).

### **Demonstrating Positive Leadership**

This review highlights how integral positive leadership is to the experiences of stakeholders involved in nursing curricular projects. According to McCallum and O’Connell (2009), leadership “involves the ability to build and maintain relationships, cope with change, motivate and inspire others and deploy resources” (p. 154). Aligned with this definition, findings from this review reported on the personal attributes and skills of leaders that contributed to positive stakeholder experiences. Review findings illustrate the positive impact of active listening skills and facilitation techniques used by leaders to address conflicts, promote group problem solving, maintain positive group dynamics (Keogh et al., 2010; Kramer, 2005; Nosek et al., 2017), and provide support and establish personal connections (Axtell et al., 2010; Nosek et al., 2017). Similarly, a conceptual model of community-based participatory research derived from data collected through stakeholder focus groups emphasizes the importance of relational dynamics for achieving positive outcomes (Belone et al., 2016). Such outcomes include a culture of safety and trust between academic and external community partners that is influenced by the academic leader’s possession of strong interpersonal skills and the ability to connect personally to individual members (Belone et al., 2016).

### **Facilitating a Sense of Ownership**

From this review, strategies for creating stakeholder ownership in the curriculum development/renewal process were connected to having early onset participation, establishing a clear and shared project vision, and seeing advancement in the project by accomplishing concrete milestones. In the existing community engagement literature, developing ownership was linked to the concepts of stewardship and building community, as well as individual capacity (Belone et al., 2016). For some stakeholders, feeling a sense of shared responsibility can be intrinsic; however for others, this may be cultivated only through hands-on mutual learning experiences with academic partners. Through these reciprocal learning opportunities, stakeholders have reported personal growth and discovery, and a sense of ownership and responsibility to apply new skills and knowledge to advance a project (Belone et al., 2016).

### **Conclusion and Future Considerations**

Stakeholder engagement in nursing curriculum development and renewal requires critical attention. Given fluctuations in the health care system and the growing complexity and acuity of patients and health risks to communities, stakeholder expertise can be leveraged to develop and refine nursing curriculum to ensure its relevance and quality. Stakeholders can assume roles and functions that represent formal leadership positions centred on high-level strategic planning and informal opportunities to provide feedback through consultation and focus groups. Sustained engagement and building collective and individual capacity of stakeholders may be best fostered through consistent and authentic participation that occurs from the inception of a project to its end. Understanding factors that contribute to positive experiences of stakeholders in curriculum projects can guide using practical strategies for influential and supportive leadership, balancing power differentials, fostering empowerment for involvement, and cultivating ownership among stakeholders. Faculty and leaders within nursing education programs also need to value and prioritize stakeholder engagement in curriculum development and renewal and have adequate infrastructure and resources, including faculty development, to support meaningful stakeholder participation. Although there is an abundance of literature on stakeholder engagement in community development research, there is a need for research to better understand how to effectively develop and sustain authentic and productive engagement with key partners in the context of curriculum development and renewal in nursing education.

## References

- Ahmed, S. M., & Palermo, A. S. (2010). Community engagement in research: Frameworks for education and peer review. *American Journal of Public Health, 100*(8), 1380–1387. <https://doi.org/10.2105/ajph.2009.178137>
- Attree, P., French, B., Milton, B., Povall, S., Whitehead, M., & Popay, J. (2011). The experience of community engagement for individuals: A rapid review of evidence. *Health and Social Care in the Community, 19*(3), 250–260. <https://doi.org/10.1111/j.1365-2524.2010.00976.x>
- Axtell, S. A., Avery, M., & Westra, B. (2010). Incorporating cultural competence content into graduate nursing curricula through community-university collaboration. *Journal of Transcultural Nursing, 21*(2), 183–191. <https://doi.org/10.1177/1043659609357633>
- Belone, L., Lucero, J. E., Duran, B., Tafoya, G., Baker, E. A., Chan, D., Change, C., Green-Morton, E., Kelley, M. M., & Wallerstein, N. (2016). Community-based participatory research conceptual model: Community partner consultation and face validity. *Qualitative Health Research, 26*(1), 117–135. <https://doi.org/10.1177/1049732314557084>
- Boelen, C. (2004). Building a socially accountable health professions school: Towards unity for health. *Education for Health, 17*(2), 223–231. <https://doi.org/10.1080/13576280410001711049>
- Boelen, C., Dharamsi, S., & Gibbs, T. (2012). The social accountability of medical schools and its indicators. *Education for Health (Abingdon, England), 25*(3), 180–194. <https://doi.org/10.4103/1357-6283.109785>
- Boelen, C., Heck, J., & World Health Organization. (1995). *Defining and measuring the social accountability of medical schools*. World Health Organization.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Chiang, C., Chapman, H., & Elder, R. (2011). Overcoming challenges to collaboration: Nurse educators' experiences in curriculum change. *Journal of Nursing Education, 50*(1), 27–33. <https://doi.org/10.3928/01484834-20101029-04>
- Chowthi-Williams, A., Curzio, J., & Lerman, S. (2016). Evaluation of how a curriculum change in nurse education was managed through the application of a business change management model: A qualitative case study. *Nurse Education Today, 36*, 133–138. <https://doi.org/10.1016/j.nedt.2015.08.023>
- Dalrymple, S. E., Auerbach, A. J., & Schussler, E. E. (2017). Taking a community approach to curriculum change. *International Journal for the Scholarship of Teaching and Learning, 11*(2), Article 5. <https://doi.org/10.20429/ijstol.2017.110205>
- D'Antonio, P. O., Walsh Brennan, A. M., & Curley, M. A. Q. (2013). Judgment, inquiry, engagement, voice: Re-envisioning an undergraduate nursing curriculum using a shared decision-making model. *Journal of Professional Nursing, 29*(6), 407–413. <https://doi.org/10.1016/j.profnurs.2012.10.003>



- Dorfman, L. T., Murty, S. A., Ingram, J. G., & Li, H. (2008). Faculty and community partners in gerontological curriculum enrichment. *Educational Gerontology*, 34(12), 1087–1104. <https://doi.org/10.1080/03601270802201398>
- Gillespie, B. M. (2014). Working in partnership with stakeholders to develop a postgraduate perioperative course: An Australian perspective. *AORN Journal*, 100(1), 87–90. <https://doi.org/10.1016/j.aorn.2014.05.012>
- Gonzalez-Guarda, R., Jones, E. J., Cohn, E., Gillespie, G. L., & Bowen, F. (2017). Advancing nursing science through community advisory boards: Working effectively across diverse communities. *Advances in Nursing Science*, 40(3), 280–290. <https://doi.org/10.1097/ANS.0000000000000167>
- Happell, B., Platania-Phung, C., Byrne, L., Wynaden, D., Martin, G., & Harris, S. (2015). Consumer participation in nurse education: A national survey of Australian universities. *International Journal of Mental Health Nursing*, 24(2), 95–103.
- Hearld, L. R., & Alexander, J. A. (2018). Sustaining participation in multisector health care alliances: The role of personal and stakeholder group influence. *Health Care Management Review*. Advance online publication. <https://doi.org/10.1097/HMR.0000000000000216>
- International Association of Public Participation Canada. (2018). *IAP2 core values*.
- Iwasiw, C. L., & Goldenberg, D. (2015). *Curriculum Development in Nursing Education* (3rd ed.). Jones & Bartlett.
- Jeffries, P. R., Rose, L., Belcher, A. E., Dang, D., Hochuli, J. F., Fleischmann, D., Gerson, L., Greene, M. A., Jordan, E. B., Krohn, V. L., Sartorius-Mergenthaler, S., & Walrath, J. M. (2013). A clinical academic practice partnership: A clinical education redesign. *Journal of Professional Nursing*, 29(3), 128–136. <https://doi.org/10.1016/j.profnurs.2012.04.013>
- Keele, R., Buckner, K., & Bushnell, S. (1987). Identifying health care stakeholders: A key to strategic implementation. *Health Care Strategic Management*, 5(9), 4–10.
- Keogh, J. J., Fourie, W. J., Watson, S., & Gay, H. (2010). Involving the stakeholders in the curriculum process: A recipe for success? *Nurse Education Today*, 30(1), 37–43. <https://doi.org/10.1016/j.nedt.2009.05.017>
- Kramer, N. A. (2005). Capturing the curriculum: A curriculum maturation and transformation process. *Nurse Educator*, 30(2), 80–84.
- Landry, L. G., Alameida, M. D., Orsolini-Hain, L., Boyle, A. R., Privé, A., Chien, A., McAteer, J., Holpit, L., & Leong, A. (2011). Responding to demands to change nursing education: Use of curriculum mapping to assess curricular content. *Journal of Nursing Education*, 50(10), 587–590. <https://doi.org/10.3928/01484834-20110630-02>
- Mannix, J., Wilkes, L., & Luck, L. (2009). Key stakeholders in clinical learning and teaching in bachelor of nursing programs: A discussion paper. *Contemporary Nurse*, 32(1–2), 59–68. <https://doi.org/10.5172/conu.32.1-2.59>
- McCallum, S., & O'Connell, D. (2009). Social capital and leadership development: Building stronger leadership through enhanced relational skills. *Leadership & Organization Development Journal*, 30(2), 152–166. <https://doi.org/10.1108/01437730910935756>

- McLeod, P., & Steinert, Y. (2015). Twelve tips for curriculum renewal. *Medical Teacher*, 37, 232–238. <https://doi.org/10.3109/0142159x.2014.932898>
- Newman, S. D., Andrews, J. O., Magwood, G. S., Jenkins, C., Cox, M. J., & Williamson, D. C. (2011). Community advisory boards in community-based participatory research: A synthesis of best processes. *Preventing Chronic Disease*, 8(3), A70.
- Nosek, C. M., Scheckel, M. M., Waterbury, T., MacDonald, A., & Wozney, N. (2017). The collaborative improvement model: An interpretive study of revising a curriculum. *Journal of Professional Nursing*, 33(1), 38–50. <https://doi.org/10.1016/j.profnurs.2016.05.006>
- Olinzock, B. J., Kruger, B. J., Wilburn, S. T., Wilburn, K. T., & Roush, C. (2009). Building a baccalaureate community nursing curriculum using a participatory evaluation approach. *Health Care Manager*, 28(1), 58–64. <https://doi.org/10.1097/HCM.0b013e318196de9e>
- Powell, D. L., Gilliss, C. L., Hewitt, H. H., & Flint, E. P. (2010). Application of a partnership model for transformative and sustainable international development. *Public Health Nursing (Boston, Mass.)*, 27(1), 54–70. <https://doi.org/10.1111/j.1525-1446.2009.00827.x>
- Rodwell, C. (1996). An analysis of the concept of empowerment. *Journal of Advanced Nursing*, 23, 305–313. <https://doi.org/10.1111/j.1365-2648.1996.tb02672.x>
- Rourke, J. (2006). Social accountability in theory and practice. *Annals of Family Medicine*, 4(Suppl. 1), S45–S48.
- Sharafkhani, M., Armat, M., & Zeydi, E. (2015). Social accountability in nursing education: A necessary yet neglected issue. *Nursing and Midwifery Studies*, 4(4), e29378. <https://doi.org/10.17795/nmsjournal29378>
- Sidebotham, M., Walters, C., Chipperfield, J., & Gamble, J. (2017). Midwifery participatory curriculum development: Transformation through active partnership. *Nurse Education in Practice*, 25, 5–13. <https://doi.org/10.1016/j.nepr.2017.04.010>
- Stefl, M., & Tucker, S. (1994). Applying stakeholder analysis to health care administration education. *The Journal of Health Administration Education*, 12(2), 119–144.
- Tiwari, A., Chan, S., & Law, B. (2002). Stakeholder involvement in curriculum planning: Responding to healthcare reform. *Nurse Educator*, 27(6), 265–270. <https://doi.org/10.1097/00006223-200211000-00007>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398–405. <https://doi.org/10.1111/nhs.12048>
- Virgolesi, M., Marchetti, A., Piredda, M., Pulimeno, A. M. L., Rocco, G., Stievano, A., & De Marinis, M. G. (2014). Stakeholders in nursing education: Their role and involvement. *Annali Di Igiene*, 26(6), 559–569.