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“CIRCLING THE WAGONS AND SHOOTING INWARD”: UNDERSTANDING HOW NURSING ADMINISTRATORS APPROACH THE POLICY PROCESS

A Dissertation

Presented to

The College of Graduate and Professional Studies

Department of Educational Leadership

Terre Haute, Indiana

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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by

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December 2014

Keywords: Accreditation, Higher Education, Leadership, Nursing, Nursing Education, Policy

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ABSTRACT

The purpose of this qualitative study was to develop an understanding of factors that nursing education executives in higher education believe are essential to influencing and implementing sound policy decisions. This study sought to answer the following: (a) what characteristics and skills do nurse administrators in higher education believe are essential to positively influencing the policy-making process, and (b) what organizational features do these nurse executives believe impede or facilitate their ability to influence policy processes?

This study utilized an exploratory qualitative design representing a collective case study. The sample selection was purposive and included in-depth interviews with nurse educators who had at least two years' experience as nursing education executives.

Themes emerging from the narrative data were that a collaboration leadership style, effective communication, and political awareness were considered essential skills for successfully navigating the policy process. The theme of complexity created by institutions and stakeholders involved in policy was observed. Implications of the study included (a) the complexity of higher education institutions regarding the need to interface with multiple internal and external stakeholders acts as a barrier to policy process, (b) lack of formal preparation to manage policy can be a barrier for nurse leaders who typically lack such preparation, and (c) collaboration is at the center of how these nurse leaders drive and implement policy in their educational institutions. Recommendations made for future research include, (a) complexity and nursing education, (b) preparation of nurse education for policy-making, and (c) understanding

policy experiences of a more diverse group of nurse educators.

ACKNOWLEDGMENTS

As I complete this dissertation and reflect upon the journey, there are several key individuals that I want to acknowledge. I would like to acknowledge and thank the wonderful nurse educators who volunteered to participate in this study. They offered me their most valuable resource, time, and generously shared their experiences surrounding policy. I want to acknowledge my employer, Indiana State University, who provided financial support for my doctorate education. I am thankful for both the financial support through scholarships and the emotional support that my colleagues in the nursing department at Indiana State University supplied as I progressed through my doctorate degree. I am certain that I would not have completed my degree without their unending encouragement. I would like to acknowledge and thank my dissertation committee, Dr. Kandace Hinton, Dr. Mary Howard-Hamilton, and Dr. Erik Southard, for their continuous support, mentoring, and helping me discern the difference between a dissertation and a report.

The time I devoted to completing my dissertation required sacrifice from the individuals I care for most. I want to thank my husband, Jeff Moore, who willingly took on the lion's share of our domestic chores and provided me with constant encouragement. I want to acknowledge my siblings, Leann, Terry, Amy, and Robert, who provided support to me in many ways throughout the last three years. Finally, I want to thank my parents, Dale and Ella Bailey, who have always had faith in me and taught me that any goal worth achieving is worth the struggle.

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INTRODUCTION

Policy when created and implemented skillfully can direct the activities of nursing departments within higher education institutions as they pursue their goals. Unfortunately higher education administrators, including nursing education executives, are often poorly prepared and frequently ineffective in navigating the policy process (Antrobus, 2003; Odden, 1991; Zulu, 2011). Another component adding to the complexity of crafting and implementing policy within nursing education departments is the competing and complex demands of external and internal stakeholders.

Nursing education department executives must balance the requirements of university administrators and state higher education boards alongside the requirements of professional governing agencies such as state boards of nursing and nursing accrediting commissions. An example of the competing requirements of stakeholders is that of student retention. Government legislators are focusing their policy efforts on initiatives that improve student retention and graduation rates in the higher education environment (Indiana Commission for Higher Education, 2012). Conversely, state boards of nursing and accrediting commissions have policies that ensure that nursing programs graduate students who will be competent nurses and capable of passing the National Council Licensure Examination (NCLEX) on their first attempt (Accreditation Commission for Education in Nursing, 2013; Indiana State Board of Nursing,

2013). This is just one example of the challenges nursing education executives must confront in their attempts to balance competing policy directives. Nursing education executives must retain the largest number of students possible while assuring that those students are capable of passing the NCLEX on their first attempt or risk losing accreditation and governmental financial support. This study examined the experiences of higher education nursing executives in guiding and managing the policy process.

Background of the Problem

The issues that converge to limit the abilities of nursing educator executives in the policy process include the vague and complex nature of the policy process along with the historical and intrinsic characteristics of the nursing profession. An overview of these problems will include a summary of power, policy definitions, policy as a process, policy theories, policy models, nursing in higher education, nursing leadership, and accreditation issues. Policy as a concept will be reviewed in the next section.

Policy as a Concept

Policy as a concept can mean many things to the individuals involved in the process. Additionally, individuals' perceptions of policy may alter depending on where they are in the process, the subject of the policy, or the environment in which the policy process is occurring (Sabatier, 2007). Policy can be defined as the progression of decisions and actions that result in outcomes that unite, at least temporarily, the authority of an organization (Antrobus, 2003; Chan, 2005; Sabatier, 2007; Schlager, 2007). This interpretation of policy regards it as a dynamic and complex process that serves as a vehicle for validating power.

An opposing definition of policy is one that is based on how the policy is interpreted by the targeted population or those who are impacted by the creation and implementation of the

policy (Guba, 1984). This definition is reflective of social construction where the meaning of the policy is determined by the message, whether accurate or distorted, received by the targeted population (Sabatier, 2007; Schneider & Ingram, 1993). The ambiguous and shifting meaning of policy adds to the difficulty of nursing education executives in effectively guiding and managing the policy process.

Policy as a Process

The policy process is complex and often convoluted. The process involves numerous stakeholders who often have diverging values and priorities (Antrobus, 2003; Hofferbert, 1982; Mason, Leavitt, & Chaffee, 2007; Sabatier, 2007). Additionally, the process is driven by individual interests that often revolve around money and power, resulting in coercion and distortion of data and motives (Sabatier, 2007). Nursing education executives must be able to discern and manage the individual motives, politics, and overall complexity of the policy process.

Policy Theories

There is not one dominant theory that serves as a framework or best practice for leaders to utilize when creating and implementing policy. The existing policy theories have been developed for a certain ideological viewpoint or a specific situation. The rational comprehensive theory views policy from a logical and utilitarian viewpoint where policy is guided by careful consideration of the costs in comparison to the benefits of any policy decisions (Prunty, 1984; Sabatier, 2007). In contrast, another theoretical approach to policy-making is the advocacy coalition framework (ACF). Consensus building, shared values, and shared access to decision-making power are characteristic of the ACF theory (Sabatier, 2007; Weible & Sabatier, 2009). Yet another theory, sense-making involves constant interpretation

and revision by the participants which drives the decision to either take action or not to take action in implementing policy (B. Lane & Hamann, 2003). The sense-making theory was developed for educators who often are not perceived as policy makers or clinicians (B. Lane & Hamann, 2003; Odden, 1991).

The rational comprehensive, ACF, and sense-making theories approach the policy process from dramatically different positions. A nursing education executive who desires to influence, craft, and implement policy in an effective manner will experience challenges in selecting an approach that is likely to ensure success. The absence of a cohesive theoretical framework for policy adds another level of complexity to the process and makes it more difficult to manage.

Policy Implementation Models

There are numerous models that can be utilized in implementing policy. However, the three basic models of policy implementation are top-down, bottom-up, and principal-agent (Leveille, 2006; Mazmanian & Sabatier, 1981; Steinbach, 2009). Each model prescribes a different approach to policy implementation.

The top-down model is hierarchical in nature where policy is created in the highest levels of an organization, and communicated with lower levels with a directive to put the policy into practice (Mazmanian & Sabatier, 1981). In contrast the bottom-up model considers policy implementation as a cooperative process in which individuals at the target group level have some freedom to restructure objectives and revise the method of policy implementation (Matland, 1995; Steinbach, 2009). The principal-agent model is similar to the top-down model in that there is a clear demarcation between policy makers and policy implementers. However, with the principal-agent model there is the establishment of contracts that govern what

principals will provide the agents and how the principals will evaluate the outcomes of the policy the agents have implemented (J. Lane, 2013; Steinbach, 2009). Policy implementation models are structured to work with a certain type of organizational structure or culture and do not take into account many of the complexities present in the creation and implementation of policy. Power and influence are essential components of the policy process and have been problematic for the nursing profession that does not recognize the power available to it or is hesitant to use its existing power (Abood, 2007; Leavitt, Cohen, & Mason, 2007). Power and influence will be reviewed in the following section.

Power

Power and influence are key elements of human interactions and play a pivotal role in the policy process. Power and influence equate to an individual's or organization's ability to achieve goals by attaining limited resources and changing the behaviors of others (Abood, 2007; Bess & Dee, 2008b; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Morgan, 2006; Raven, 2008). Individuals can possess potential and actual power in several different forms that include coercive, empowerment, expert, information, legitimate, referent, reward, and political.

Coercive and reward power are based on influencing individual's behavior by either threatening punitive actions or promising a desirable reward (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Raven, 2008). Empowerment is a form of power based on making connections and commitments with others to draw on individuals' strengths, resources and abilities to drive change (Bent, 1993; Kanter, 1977; Leavitt, Cohen, & Mason, 2007). Expert power is available to individuals who possess special and rare knowledge or skills that others perceive they need (Abood, 2007; Leavitt, Cohen, & Mason, 2007; French & Raven, 1959).

Information power exists when one stakeholder believes that another stakeholder has essential and desirable information (Leavitt, Cohen, & Mason, 2007; Raven, 2008). Legitimate power is bestowed to an individual by the assignment of a particular role or status (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Raven, 2008). Referent power is where an individual acquires power by earning the respect of others (Abood, 2007; French & Raven, 1959; Raven, 2008). Reward power is the ability an individual has to provide other people something they want in exchange for compliance with a desired behavior (Abood, 2007; Leavitt, Cohen, & Mason, 2007; Raven, 2008). The final type of power to be considered is political.

Rawls (1971) developed the theory of justice that outlines his beliefs of what encompasses a just society and underscores the importance of political power. A just society comprises of regulations and laws that permit the entire populace to receive mutual advantages (Lovett, 2009; Rawls, 1971). However, even in a just society, the social structure requires that some citizens have access to more power than others in the form of political power. The guidelines for the unequal distribution of political power include that (a) decisions should result in an improved quality of life for those in the most dismal circumstances and (b) access to the power positions should not exclude some individuals based on irrelevant criteria such as gender or ethnicity (Lovett, 2009; Rawls, 1971).

Abood (2007) and Leavitt, Cohen, and Mason (2007) stated that executives in the nursing profession have power bases available to them but either are unaware of them or are reluctant to utilize them. Furthermore, the authors contended that nurses in all professional spheres must accept that power underlies all interactions. Nurses who continue to be naïve about or deny the importance of power place the profession at a disadvantage in taking control of and

influencing the policy-making process (Abood, 2007). Gender plays into how nursing education executives employ power in the process of making policy.

The social constructs of gender effect how women acquire and wield power (Bess & Dee, 2008b; Morgan, 2006; Zulu, 2011). Male gender is associated with aggressiveness, rationality, and decisiveness; these traits are equated with power (Bess & Dee, 2008b; Morgan, 2006; Zulu, 2011). Female characteristics include empathy, compassion, and understanding; traits that are associated with being a supportive follower (Morgan, 2006; Zulu, 2011). These social constructs limit the opportunities and capacity of nursing education executives to utilize power because 90% of the nursing profession is composed of women (U.S. Department of Health and Human Services, 2010). The role of gender and culture and their effects on leadership are important in the policy process and will be discussed in the next section.

Leadership and Gender

Leadership is defined as a group process where influence is used by an individual to attain a goal (Northouse, 2013). The opportunity to assume a leadership role is open to every individual in a group including women (Klenke, 2011; Northouse, 2013). Leadership effectiveness and roles for women are affected by three factors that include opportunity, leadership style, and gender stereotypes.

Although women have reached parity in educational preparation to function as leaders they still have limited opportunities to assume leadership roles (Chin, 2011; Klenke, 2011). There are several reasons given for the limited opportunities for women that include societal expectations that constrain women's scholastic and career opportunities (Klenke, 2011). Additionally, within higher education, leadership opportunities for women are limited by the following: (a) masculine leadership traits are viewed as the standard and (b) the unwillingness to

incorporate gender equity in hiring and promotion practices for faculty and administrative positions (Klenke, 2011; Peltier-Campbell, 2011).

Studies support the belief that there is little real difference between the leadership styles of men and women (Chin, 2011; Northouse, 2013). However, women leaders seem to prefer to employ a more democratic, participatory, and collaborative leadership style that is accentuated in the transformational and contingency leadership models (Antonaros, 2010; Northouse, 2013). Additionally, women who lead consider the context of each situation within an organization to help define their relationship and interactions with followers (Klenke, 2011; Northouse, 2013).

Gender stereotypes are "categorical beliefs regarding the traits and behavior characteristics ascribed to individuals on the basis of their gender" (Duehr & Bono, 2006, p. 816). Stereotypes associated with the male gender are called agentic and include assertiveness, confidence, rationality, and decisiveness (Duehr & Bono, 2006; Northouse, 2013). Female gender stereotypes are referred to as communal and include caring, nurturing, and supporting (Duehr & Bono, 2006; Northouse, 2013). Though gender stereotypes are changing they still limit leadership roles for women (Duehr & Bono, 2006; Morgan, 2006; Northouse, 2013).

Leadership and Culture

Tierney (1988) stated that "the culture of an organization is grounded in the shared assumptions of individuals participating in the organization" (p. 4). Every organization has its own culture. Adept leaders develop an understanding of their organization's culture on which they base the selection of alternatives to create change (Kempner, 2003; Tierney, 1988). Interpretation, symbolism, and communication are the skills employed by successful leaders to acknowledge the culture of their organizations.

Interpretation is the process of deliberatively creating meaning for the events and decisions that occur; the interpretation aligns with the culture of the organization (Birnbaum, 1992; Kempner, 2003). The cultural congruent interpretation is capable of renewing the passion and loyalty of members of the organization (Birnbaum, 1992; Kempner, 2003; Tierney, 1988). The utilization of symbols that accurately represent the culture of an organization permits a leader to influence the opinions and behaviors of those they lead (Bolman & Deal, 2008).

Finally, effective communication includes speaking, listening, and providing feedback on a regular basis (Birnbaum, 1992; Tierney, 1988). Open and ongoing communication has the capacity to recognize, create, and strengthen an organization's culture to internal and external members (Bolman & Deal, 2008; Tierney, 1988). Nursing education executives who recognize the culture of the organization in which they work can increase acceptance of desired policy changes. The structure of an organization is another factor that affects the ability of nursing education executives in leading and influencing policy. Organizational structure will be reviewed in the next section.

Organizational Structure

The structure of an organization directly impacts leadership roles and the policy process. There are several types of organizational structures but not all apply to the higher education environment. Organizational structures that are common in higher education include in anarchical, bureaucratic, collegial, and political.

Anarchical organizations are characterized by "problematic goals, unclear technology, and fluid participation" (Birnbaum, 1988, p. 154). The decision-making process is referred to as the garbage-can model (Bess & Dee, 2008b; M .D. Cohen, March, & Olsen, 1972). This process involves throwing into the garbage can all the problems, all the possible solutions, participants

with limited time and commitment, and the times when decisions are expected. These four components become linked while in the garbage can and decisions are based on those appropriate or inappropriate links (Bess & Dee, 2008b; Birnbaum, 1988; M. D. Cohen et al., 1972). Leadership traits associated with anarchical organizations include presenting an image as a knowledgeable and reliable leader and utilizing symbols to influence the interpretation of events (Birnbaum, 1988; Bolman & Deal, 2008).

Bureaucratic organizations are appropriately represented by the organizational chart that denotes hierarchy (Birnbaum, 1988; Bess & Dee, 2008a). Information flows up the organizational chart to the top position while power travels down from the top to the bottom level (Birnbaum, 1988). Bureaucratic organizations are based on formal rules and regulations that are equitably applied to all members. Decisions are made in a rational, efficient, and uniform manner (Birnbaum, 1988). Effective leadership in a bureaucratic organization is founded on the leader being accepted as a legitimate source of authority via tradition and charisma (Birnbaum, 1988). Other leadership traits that enhance the performance of a leader include decisiveness, conflict resolution, and the provision of rewards and penalties (Birnbaum, 1988; Bolman & Deal, 2008).

Collegial organizations are small, composed of members that share special characteristics and power, and have a sense of community (Birnbaum, 1988). The decision-making process is based on consensus through communication where every member's input is valued and fairly appraised (Birnbaum, 1988). Leadership skills that are effective in a collegial organization include influencing without applying pressure and making decisions that clearly convey that the benefits outweigh the loss of members' freedom (Birnbaum, 1988). Additional leadership skills

include creating open pathways for communication, listening to members, and modeling the institute's values (Birnbaum, 1988).

Political organizations are characterized by competition for scarce resources where conflict is always present (Birnbaum, 1988; Bolman & Deal, 2008). The currency for the decision-making process is power; those who have the most power get the resources (Bolman & Deal, 2008). The creation of coalitions through careful negotiations increases the power available to groups in the organization (Birnbaum, 1988; Bolman & Deal, 2008). Leaders who are successful in a political organization are attentive to the fears and beliefs of members, present during negotiations, and strategically time when to exert their power in the decision-making process (Birnbaum, 1988). Although there are many issues in the areas of policy, power, leadership, and organizational structure that make navigation of the process challenging, there are also problems within the discipline of nursing in higher education. These issues will be examined in the following section.

Nursing and Higher Education

The preparation of nurses within higher education institutions is a relatively new occurrence. Prior to the 1950s, a majority of nurses received their education and training in the hospital environment in an environment that closely mirrored an apprenticeship program (Scheckel, 2009). The transition of nursing students receiving their formal nursing education in higher education occurred when practicing nurses pushed for the change. The educational setting changed because nurses felt that the needs and welfare of the nursing students were second to the needs of the hospital and physicians in the hospital environment (Goldmark, 1923; Scheckel, 2009). Additionally, many nurse educators believed that the education and training of nursing students should be managed by nurses with the required expertise. It was also felt that

the control of nursing education should be removed from physicians whom had maintained non-nursing control of nursing education and practice (Goldmark, 1923; Ruby, 1999).

The transition of the educational venue to the higher education setting still provided nursing with challenges. Findlow (2012) stated that nursing is viewed as a vocational non-academic department within higher education by many within higher education. Additionally, many nurse educators and executives discover that the transition from a clinical identity to an academic identity is challenging and feel marginalized in the higher education setting.

Another issue that limits the ability of nursing professionals to influence policy is a lack of leadership preparation in the nursing education programs. Nursing educators are being called upon by the profession to provide their students with the knowledge and skills required to be effective leaders and to instill the desire to be politically engaged (Antrobus, 2003). Nursing's history of being controlled by the male dominated field of medicine, the transition to higher education where nursing education is viewed as a vocational program, the perceptions of being marginalized, and the lack of leadership training place nursing education executives at a disadvantage in the process of influencing and shaping policies that effect nursing education (Findlow, 2012; Ruby, 1999).

Political Leadership in Nursing

The nursing profession has struggled to be effective in the area of political leadership which is critical in developing their capacity to influence and shape policy (S. S. Cohen et al., 1996). A component of the nursing profession's inability to be effective in the political arena is a history of being considered a subservient profession in a male dominated medical field (Ruby, 1999). Additionally, nurses are often considered passive participants in the policy process,

capable of implementing policy but not possessing the expertise or influence needed to be involved in policy creation (Antrobus, 2003; Benton, 2012; Kenny, 2003).

Another obstacle that prevents nurses from being effective in policy creation and implementation is their reluctance to become involved in the political field where conflict is ever present (Antrobus, 2003). Nurses often work collaboratively with their peers and may be threatened by environments that encourage dissent and conflict. Additionally, the nursing profession lacks a working structure for being heard and has limited leadership opportunities (Antrobus, 2003; S. S. Cohen et al., 1996; Kenny, 2003; Nault, 2012). Finally, nurses are often unaware or naive about the political aspects of the organizations in which they practice or teach (Antrobus, 2003; Bent, 1993; S. S. Cohen et al., 1996; Harrington, Crider, Benner, & Malone, 2005).

It is important to note that most of the research available on political leadership and by extension policy influence has been completed within the clinical sphere of nursing. The dearth of information for nurse educators may be due to a majority of the nursing profession working as clinicians and the relatively newness of the nurse educator career path (U.S. Department of Health and Human Services, 2010). The process of higher education institution and specialty program accreditation adds to the complexity of managing policy for nursing education executives. Accreditation will be outlined in the following section.

Accreditation

The accreditation process that is prevalent in the United States higher education environment began as a voluntary process to ensure quality and assist institutions in the process of continuous quality improvement (J. Hall, 2012; Selden, 1976). Over the last 50 years higher education accreditation has transitioned from assisting higher education institutions in quality

improvement to partnering with the government to ensure accountability and require assessment benchmarks (J. Hall, 2012; Gillen, Bennett, & Vedder, 2010).

This transition to accountability and assessment was driven by the marked increase of government funding for higher education through Title IV and the Higher Education Act (HEA; Gillen et al., 2010; J. Hall, 2012; Harcleroad, 1980). The governmental mandate of accountability came with the creation of many new policies that higher education institutions are compelled to follow in order to obtain indispensable federal funds. Nursing education program must comply with institutional accreditation standards along with special program accreditation standards unique to nursing education.

Nursing education programs have both national accrediting organizations and a state level board of nursing accreditation organization. These two levels of special program accreditation work in tandem to assure that nursing education programs engage in continuous quality improvement, ensure program effectiveness, and assure potential employers and the public that graduates are prepared for the demands of the nursing profession (Accrediting Commission for Education in Nursing, 2013; Commission on Collegiate Nursing Education, 2009; National League for Nursing, 1972; Tanner, 2013). Additionally, national accreditation organizations for nursing education serve as gatekeepers for Title IV and HEA federal funds that nursing students utilize to pay for tuition and that nursing education programs depend on to remain viable (Ellis & Halstead, 2012). The multiple tiers of accreditation and the accompanying policies create an environment in nursing education programs where nursing education executive must manage complex policy demands that are often contradictory.

Statement of Problem

Historically, the nursing profession has been either absent or powerless in influencing and creating policies that directly affect their practice in both educational and clinical domains. One factor that contributes to the inability of nurses to inform and shape policy is the female identity of the profession within medical and educational domains that have a conventional male hierarchical structure. Additionally, nurses have traditionally approached decision-making using a consensus method that avoids conflict and confrontation. Finally, nurses are not educationally prepared to assume the roles of political leaders and policy drivers. The convergence of the history, gender issues, decision-making preferences, and lack of educational preparedness have created a profession that is ineffective and disinterested in garnering the power to lead the policy process for the profession.

There is research available on policy and nursing in the clinical arena but there is a gap in the literature as it relates to nursing education executives and their ability to influence policy on an organizational, local, national, or international level. Policy theories and implementation models offer the aspiring nursing education executive vague and conflicting information related to the policy process. Additionally, current research provides strength for the stance that nurses at all levels, from staff nurses to administrators, lack the will and expertise to influence and create policy (Abood, 2007; Leavitt, Cohen, & Mason, 2007; Mund, 2012). The insufficient clarity provided by policy theories and the nursing profession's dearth of policy expertise adds to the challenges that nursing education executives must overcome when attempting to direct and execute policy within higher education institutions. There is a need to develop a more complete understanding of how nursing education executives approach the process of influencing, creating, and implementing policies.

Research Questions

The central questions that this study strove to answer include the following:

1. What characteristics and skills do higher education administrators in nursing education believe are essential in influencing the policy process?
2. What organizational features do higher education nursing executives believe impede or facilitate their ability to influence the policy process?

Purpose of Study

The purpose of this qualitative study was to develop an understanding of the factors nursing education executives believe are essential in influencing, creating, and implementing policy. The study was completed utilizing a semi-structured interview protocol. The purposive sample was composed of 11 nursing education executives from public and private two-year and four-year higher education institutions located in the Midwest geographical area of the United States. For the purpose of this study, policy was be defined as the decisions an organization makes concerning its purpose and stated outcomes and the manner in which the organization distributes its resources. The choices made mirror the values, beliefs, and viewpoints of those involved in the policy process (Mason et al., 2007).

Significance of Study

This study provides information on policy and political leadership for executives and administrators in higher education that may allow them to become more influential and skillful in the policy process. Additionally, the study might assist in bridging the gap in information about political leadership and policy for nursing professionals in the higher education setting. Finally, this study identified structural characteristics in the higher education environment that either facilitate or impede the creation and implementation of policy.

Research Design

A basic qualitative approach that incorporated the dimensions of the collective case study was chosen for this study because it focused on a small number of participants, strove to understand how they made meaning of their experiences, and illustrated different perspectives (Creswell, 2007; Merriam, 2009). The participants for this study included nursing education executives from public, private, and for-profit higher education two-year and four-year institutions. The instrument that was utilized to develop an understanding of the participants' policy experiences was a semi-structured interview protocol comprising 10 to 12 questions that required approximately one hour to complete. The semi-structured interview was piloted to provide validation of the instrument.

Theoretical Framework

In agreement with Merriam (2009) in using a theoretical framework to examine and understand themes, this study utilized three theoretical frameworks to analyze the interview results. The theories include critical theory and a component of feminist theory as described by Daly (2013), How (2003), and Letherby (2003). Watson's theory of human caring as outlined by Neil and Tomey (2006), and the values framework for politics and the policy process theory as described by Mason et al. (2007). Critical theory and feminist theory assisted in understanding how nurses and by extension nursing education executives, a female-dominated profession, struggle to acquire the power and autonomy needed to regulate and guide the policies that guide their profession. Watson's theory of human caring with its emphasis on how nurses develop professional values and relationships was used to understand nursing education executives' preference for consensus and collaboration instead of conflict and confrontation (Neil & Tomey, 2006). Finally, the values framework for politics and the policy process theory that illuminates

how the values of those involved in the policy process impacts the creation and implementation of policies was employed to understand how nursing education executives view political empowerment as it relates to the policy process (Mason et al., 2007).

Assumptions, Limitations, and Scope

The participants for this study included 11 nursing education executives who were involved in the policy-making and implementation process from Midwest private, public, and for-profit higher education institutions including community colleges and four-year universities and colleges. The participants were representative of the population in nursing education departments who worked with policy and were able to provide informative experiences about policy. Attempts were made to include male and minority participants but none responded to the recruitment efforts.

Nursing education executives are often wary of providing candid answers in an effort to protect their institutions and departments. The participants interviewed for this study were assured that their responses were confidential and they could elect to drop out of the study at any time. It was assumed that the participants provided honest and candid answers. I developed the interview questions and then piloted them using two nursing executives to assure that the questions were neutral and valid. Policy creation and implementation have been an essential component used to guide and manage organizations for centuries and will continue to be important in the future.

This study was limited to nursing education executives in the Midwest geographical area of the United States and reflects the dynamics of policy in this geographical area and may not be generalizable to the entire population of nursing program executives. The purposive sampling is another limitation that may not allow the findings to be generalizable to the larger population of

nursing education executives. The study was conducted over a short time span of four months from April 2014 to July 2014 and provided a snapshot that is reflective of the events that occurred to nursing education executives and higher education during that time frame.

The scope of this study was to develop an understanding of the experiences of nursing education executives in influencing and implementing policy. The results of this study may be generalizable to higher education administrators who are (a) nursing executives; (b) work in for-profit, private, and public two-year and four-year institutions; and (c) involved in the policy process.

Definition of Terms

The definitions of several terms used throughout this study are provided in this section.

1. *Accreditation.* A voluntary process utilized in higher education that evaluates educational activities and objectives through the means of a self-study and an outside accrediting governing body. The status of accreditation demonstrates that the institute or a specialized unit within the institute has been judged to meet or exceed the expectations of educational quality and public interest (Commission on Collegiate Nursing Education, 2009; Gillen et al., 2010; Harcleroad, 1980; Selden, 1976).
2. *Caring.* A nurturing relationship where the individuals feel a sense of obligation and concern towards each other (Wojnar, 2007).
3. *Nursing education executive.* An individual who serves as the director of a nursing education program within a higher education institution. The individual is responsible for managing all aspects of a nursing education program and has been granted the power, time, and assets to execute the role (Accrediting Commission for

Education in Nursing, 2013). This person is often referred to as a dean in many higher education institutions.

4. *Policy.* The choices an organization makes concerning its purpose and stated outcomes and the manner in which it distributes its resources. The choices made mirror the values, beliefs, and viewpoints of the policy makers (Mason et al., 2007).
5. *Policy process.* The stages through which a policy progresses from identification of a problem to the evaluation of the implemented solution (Mason et al., 2007).
6. *Political leadership.* Individuals who utilize alliances and skills to influence the distribution of scarce resources (Bolman & Deal, 2008; Mason et al., 2007).
7. *Power.* The ability to wield influence; a vehicle through which conflicts of interest are resolved and ultimately determine the distribution of scarce resources (Abood, 2007; Bess & Dee, 2008b; Morgan, 2006).
8. *Values.* A principle or quality that has intrinsic worth to an individual or organization (Mason et al., 2007).

Overview of Study

Chapter 1 provides an introduction to the dynamics of policy, the policy process, and how nursing education executives struggle in the role of political leader and becoming influential in the policy process. The purpose of the study, the statement of the problem, the research questions, and the significance of the study are outlined as well. The final section of Chapter 1 presents a brief review of the study's theoretical framework that includes critical theory, feminist theory, Watson's theory of human caring, and the values framework for politics and the policy process theory, the assumptions and limitations, and the definitions of important terms.

Chapter 2 presents an overview of the literature that is relevant to the study. Policy

definitions and policy processes are reviewed. Policy theories that align with higher education are covered as well as policy implementation models. The nursing profession's entrance into higher education is reviewed and linked with nurse education executive's preparation for and experiences with political leadership and the policy process. Finally, the theoretical framework that was used to guide the study is expanded upon. Included in Chapter 3 is a discussion of the development of the methodology for this basic qualitative study. The process of developing the semi-structured interview protocol is outlined, including the interview questions and participant selection.

Chapter 4 provides a detailed description of the study's participants and the major themes that emerged from the data. The major themes include collaboration, communication, complex layers, data driven, and political. The subthemes that emerged from the data are outlined in Chapter 5 and include change is difficult, choice to lead, making meaning, mentors, and policy preparation. In Chapter 6 a discussion of the study's emergent themes that compares and contrasts them with the current literature is provided.

Implications that were derived from the findings of this study are presented in Chapter 7. Additionally, recommendations for higher education, nursing, education, and future research are offered. Finally, in Chapter 7, the limitations of the study are examines and an epilogue provided.

CHAPTER 2

LITERATURE REVIEW

The creation and implementation of policy within higher education institutions has been examined and interpreted by many political, academic, and organizational experts. Additionally, the utilization of policy by internal and external stakeholders of these organizations to affect change or correct perceived weaknesses by the means of power or political will is an old and enduring characteristic of most societies (Sabatier, 2007; Stevens, 2006). In developing a better understanding of how nursing education executives create and implement policies that balance the requirements and demands of external and internal stakeholders a review of relevant literature and concepts will be presented.

This chapter will provide a review of the literature on policy definitions, policy theories, policy implementation processes, and the concepts of power and influence. Next, a summary of relevant literature related to the history of nursing education's transition to higher education, nursing leadership and policy skills, professional development of policy and political leadership skills will be summarized. Accreditation in higher education and its impact on policy will be outlined. Finally, a summary of critical theory, feminist theory, Watson's theory of human caring, and values framework for politics and the policy process Theory will be completed and utilized as a theoretical framework for this study. An overview of policy definitions will be provided in the next section.

Policy Definitions

There are several definitions of policy that are based on the values and goals of the individual, administrator, politician, or organization (Guba, 1984; Sabatier, 2007). Furthermore the meaning of policy is closely aligned to the theoretical framework that is being utilized to craft and implement policy (Sabatier, 2007; Weible, Heikkila, DeLeon, & Sabatier, 2012). When defining the term policy there is a tendency to develop a meaning that encompasses the entire policy process from inception to implementation. The result of the various and often conflicting components of policy is that there is no agreed-upon definition. Additionally, there is miscommunication and misunderstandings when creating, implementing, and evaluating policy (Guba, 1984). Several definitions will be presented with the first definition reviewed being policy as process.

Policy as a Process

Schlager (2007) categorized policy as a process of policymaking that is an "unfolding of actions, events, and decisions that may culminate in an authoritative decision, which, at least temporarily, binds all within the jurisdiction of the governing body" (p. 293). She believed that the unfolding nature of policy is more important to the complex process than the authoritative decision component. This definition of policy provides support for the position that policy is a dynamic, complex, and often convoluted process that involves many people throughout the stages of creation and implementation (Antrobus, 2003; Chan, 2005; Sabatier, 2007). A somewhat simpler definition of policy is provided by the Oxford Dictionary.

Oxford Definition

According to the Oxford Dictionary, the process of policy-making and implementation can be defined as a planned course of action that is selected from a variety of options based on

relevant data and then utilized as a guide for current and future decisions ("Policy", 2010). This definition emphasizes the decision-making process or the decision makers who create, interpret, and guide policy decisions. Guba (1984) provided context for this definition of policy as policy-in-intention or a generalized meaning of the term or process. He stated that in broad terms policy is a vehicle used to guide and inform decisions of those in positions of authority. Another interpretation is connected to policy implementation and action.

Implementation and Action

Guba (1984) provided a definition of policy that is action oriented and is characterized by behaviors and activities that occur throughout the process. This action-focused interpretation of policy defines it as an additive process where the actions, behaviors, and decisions of the individuals involved throughout the process make the outcome unpredictable. Viewing policy from this perspective places significance on the process and perhaps the documentation of the process rather than on the outcomes. This definition illustrates the policy theory of the individual as sense-maker; policy is shaped and influenced by the behaviors and decisions of stakeholders based on their past experiences and contextual interpretation of policy guidelines (B. Lane & Hamann, 2003; Spillane, Reiser, & Reimer, 2002). The next definition of policy is formulated by how the intended target population interprets the policy.

Target Population

Policy can be defined or explained based on the experience of the targeted population or organization. This definition encompasses both policy creation and implementation phases and how the intended target population perceives the impact or effectiveness of the policy (Guba, 1984). This definition reflects the tenets of social construction where policy may be ineffective because the message received by the targeted population causes them to withdraw or in some

cases openly oppose the policy (Schneider & Ingram, 1993). The concept of policy may derive meaning from the planned outcome or the creation of a procedural process.

Procedural Process

Policy can be defined or categorized as either substantive or procedural (Prunty, 1984). Substantive policy is directed at real or substantial issues with objective and measureable outcomes that affect people on a daily basis such as availability of healthcare (Prunty, 1984; Torjman, 2005). Procedural policy is concerned with administrative procedures of data collection or program evaluation as observed with accreditation. The essence of procedural policy is distinguishing which organizations and individuals will have the power and control that provides structure for the content of substantive policy (Prunty, 1984). Closely aligned with the procedural definition of policy is one that identifies policy as an instrument employed to promote or enforce the ideology of the politically dominant group (Grimley, 1986).

Policy as a concept can mean many things to those involved in the process at any point along the policy creation and implementation timeline. The vague and changing nature of the meaning of policy adds to the complexity that those involved in the policy-making and implementation process encounter throughout the process. For the purpose of this study policy will be defined as the choices an organization makes concerning its purpose and stated outcomes and the manner in which it distributes its resources. In addition to the vagueness of what policy means there are several policy theories that approach the process from different perspectives. The choices made mirror the values, beliefs, and viewpoints of the policy makers (Mason et al., 2007). Policy process and policy theories will be discussed in the next section.

Policy Process

Although the process of policy creation and implementation is envisioned as a straightforward process in reality it is complex and convoluted (Antrobus, 2003; Hofferbert, 1982; Sabatier, 2007). There are five features of the process that contribute to its complexity: (a) a large number of stakeholders that have different values and priorities, (b) a protracted span for creation and implementation that may span two or three decades, (c) numerous programs or subsystems created to implement the policy, (d) technically detailed litigation and debates that must be acknowledged and understood as the policy process unfolds, and (e) the fact that most policy disputes are driven by individual interests that often involve money and power that can result in coercion and distortion of data and motives (Sabatier, 2007).

Hofferbert (1982) maintained that in addition to the complex process of policy creation and implementation, often the policy target population is overly broad and diverse with a problem or need that is multifaceted. These inherent characteristics of the policy process contribute to the challenges of nursing education executives to fully engage in and successfully participate in the process (Antrobus, 2003; Hofler, 2006). The large number of policy theories increases the level of difficulty and uncertainty administrators face in successfully navigating the creation and implementation of policy.

Policy Theories

There is not one dominant policy theory that governs the process or a theory that has been denoted as the best practice for policy creation and implementation by policy scholars (Meier, 2009; Sabatier, 2007). Instead there are many theories that have been devised for a specific situation or for a particular ideological perspective. The absence of a comprehensive theoretical framework for policy adds another level of complexity to the process and makes it more difficult

to manage. There are many policy theories and a review of all them is not feasible for the scope of this paper. The policy theories reviewed in this section are a representative sample of existing theories that would work well in institutes of higher education and by extension nursing education departments. The policy theories to be examined include (a) rational comprehensive, (b) advocacy coalition framework, (c) sense making, and (d) multivariate model.

Rational Comprehensive

The rational comprehensive policy theory is accurately portrayed as one that tries to achieve balance. The individuals involved in the creation and implementation of the policy attempt to maximize the values a policy achieves against the values that are lost as a result of policy creation and implementation (Prunty, 1984). Policy experts consider this balanced approach as a rational approach. Carley (as cited by Prunty, 1980) identified the following successive steps in the rational comprehensive theory:

> (1) a problem which requires action is identified and goals, values and objectives related to the problem are classified and organized, (2) all important possible ways of solving the problem or achieving goals and objectives are listed – these are alternative strategies, courses of action, or policies, (3) the important consequences which would follow from each alternative strategy are predicted and the probability of those consequences occurring is estimated, (4) the consequences of each strategy are then compared to the goals and objectives identified above, and (5) finally, a policy or strategy is selected in which consequences most closely match goals and objectives, or the problem is most nearly solved, or most benefit is got from equal cost, or equal benefit at least cost. (p. 17)

The rational comprehensive theory encompasses characteristics that would make it an appropriate policy theory for use in higher education institutions. Often the decision-making

process in higher education institutions is thoroughly examined with all possible solutions researched and evaluated for congruence with the institutions' mission and the desired outcomes (Birnbaum, 1988). Finally, solutions to problems in the higher education environment are selected on a functional premise of providing the best results for the majority of the population.

The rational comprehensive theory is a systems approach for the policy-making process. It was developed for regimented institutions such as the armed forces and has been adapted to address societal problems (Carley, 1980; Prunty, 1984). There are several criticism of this theory that focus on the arbitrary and contextual nature of values and the power structures inherent in most organizations that are more vested in their own interests than the interests of society.

Advocacy Coalition Framework

The advocacy coalition framework theory (ACF) is based on the premise that policy can be created and implemented in a cooperative manner on a foundation of shared beliefs and values (Weible & Sabatier, 2009). Additionally, the ACF was created to simplify the policy process and to overcome perceived weaknesses in a bureaucratic structure. Utilization of the ACF involves shared access to decision-making power, consensus building, and a win-win situation for a majority of stakeholders. The process of fact-finding and decision-making with the ACF is completed by both scientific and nonscientific stakeholders who contributes to appreciation of different values. Supporters of the ACF point out that the process when done correctly builds trust, goodwill, incorporates technology, and fosters a learning environment (Weible & Sabatier, 2009; Weible, Sabatier, & McQueen, 2009).

Many of the characteristics of the ACF are well-matched with the higher education environment. There is a shared governance system in place, where decision-making is shared

and consensus is the stated goal. Additionally, the coalitions of individuals involved in the policy process come from both science based and non-science based disciplines that attempt to embrace or at least understand values that differ from their own (Weible, 2007; Weible et al., 2009). There are critics of the ACF who believe that the framework is weakened and has decreased utility because of the transient nature of coalitions whose values, beliefs, and strategies are unpredictable.

Sense-Making

The sense-making theory views the process of policy creation and implementation as cyclic, repetitive, and complex (B. Lane & Hamann, 2003). Additionally, the process involves interpretation and revision by stakeholders or participants that influence their actions throughout the process. Sense-making requires continual collaboration and communication between policy participants and can result in actions that are consistent with the culture and values of the organization (Denis et al., 2009; B. Lane & Hamann, 2003). However, the results of this process of individual interpretation and change may lead to fragmentation within individual departments and across an entire organization.

Another component of the sense-making theory is the development or strategic placement of sense-makers/givers who facilitate activities that engage individuals participants at different organizational levels throughout the process to assure that sense-making is occurring (Denis et al., 2009). One of the major advantages of the sense-making approach to policy creation and implementation is that it allows the organization to manage changes that are ambiguous and uncertain and assures that there is a sense of control and meaning. A potential weakness of the sense-making theory is that the ability of the sense-maker/giver to transmit messages that build institutional congruence is based on the credibility of sense-maker/giver within the institution.

The sense-making theory for policy creation and implementation has been utilized in the field of education because it is well-suited with the complex multi-layered structure of education (B. Lane & Hamann, 2003). Additionally, there are already in place within higher education institutions individuals who can serve as sense-makers/givers. Birnbaum (1992) highlighted the importance of the role of leaders in higher education to "guide the attention of those involved in a situation in ways that are consciously or unconsciously designed to shape the meaning of the situation . . . an act of moral leadership" (p. 154). The sense-making theory can meet the needs of higher education organizations by bringing a sense of stability and control to an environment that can easily seem to be chaotic and out of control.

Multivariate Model

This policy theory has four stages that proceed from a broad to narrow range. The four stages are as follows: (a) socioeconomic composition, (b) mass political behavior, (c) government institutions, and (d) elite behavior (Hofferbert, 1982; Mazmanian & Sabatier, 1980). The creators of this model indicated that the socioeconomic composition of an organization or region is generally the most accurate predictor of how a policy will progress through the process. The needs and available resources of an organization that are measured by demographics such as income, education level, and urbanization guide the policy process.

The second stage of mass political behavior is linked with the institutional belief system and the salience of the issue being considered (Mazmanian & Sabatier, 1980). Though the attitudes and beliefs of the general populace often do not constrain policy they do generally guide the behavior of those who create and implement policy. Therefore, the will and principles of the general population of an organization will loosely guide policy leaders as long as the leaders are responsive to the needs of the populace.

Governmental institutions, stage three, are unimportant and have little influence on the process of policy creation and implementation in the multivariate model (Hofferbert, 1982; Mazmanian & Sabatier, 1980). This limited influence is based on the division of power among the various branches of government and the rapid turnover in leaders. The influence that governmental institutions have is largely based on enduring constitutional or legal ordinances.

The final stage of the multivariate model considers the effect of the behavior of elite decision-makers (Hofferbert, 1982; Mazmanian & Sabatier, 1980). At this most narrow stage of policy decision-making it seems that elite leaders respond to problems based on their own personal values and beliefs. The personal interpretations of events that lead to action are balanced by the fact that the elite are well informed about the issues.

The multivariate model's strength is that policy is driven by the needs of the general population of an organization or community (Mazmanian & Sabatier, 1980). Therefore, changes enacted through the policy process often have salience for the majority of the individuals within the organization. Leaders are reluctant to campaign for or enforce changes that harm the socioeconomic health of an organization. A major weakness of this model is that elite leaders who are invested in power and self-promotion may not consider the welfare of the institution or organization a priority concern.

The structure of this model is useful in informing policy in higher education. The university environment can be compared to a community with many of the same players and dynamics such as economical health and education level of the populace (Birnbaum, 1988). The belief system of the institution does guide most decisions that are made by leaders (Birnbaum, 1992). Administrative leaders such as the president often have little influence over decisions and policies that are created and implemented because of their short terms.

The domain of policy theory demonstrates that there are many frameworks that emphasize different values and beliefs. The ability to navigate the process of creating and implementing policy would be facilitated by having a comprehensive framework that could be utilized by any organization or community for a variety of problems. The last policy section will review policy implementation models and how they affect success of the policy process.

Models of Policy Implementation

Policy implementation is expressed as the translation of policy intentions into actual practice or change (Nilsen, Ståhl, Roback, & Cairney, 2013; Steinbach, 2009). In a perfect world with ideal circumstances, policy creation and implementation would end with the desired change that proceeds in a straight forward manner. However, the reality in the sphere of policy implementation is that there are trade-offs, compromises, and vague and conflicting information (Hunter & Marks, 2002; Nilsen et al., 2013). It should not come as a surprise that the creation of policy does not often translate into successful implementation. There are numerous variations of the theoretical models utilized in the process of policy implementation. However, the three basic models of policy implementation are top-down, bottom-up, and principal-agent (Leveille, 2006; Mazmanian & Sabatier, 1981; Nilsen et al., 2013; Steinbach, 2009). The oldest and most universally utilized model is the top-down model.

Top-Down Model

The top-down model of policy implementation considers the creation and implementation stages as distinctly different phases of the entire policy process (Mazmanian & Sabatier, 1981; Nilsen et al., 2013; Steinbach, 2009). Policies are created at the highest levels in a hierarchical structure that has a highly political environment, most often a governmental agency. The next

step in this model is to convey the policy to institutions or people in lower tiers of the structure with the directive of putting the policy into practice.

Mazmanian and Sabatier (1981) stated that the top-down policy implementation model requires the presence of the following conditions in order for policies to be successfully implemented: (a) clear and consistence objectives; (b) adequate causative theory that will guide the change process; (c) the provision of an implementation process that is structured to enhance compliance of targeted groups; (d) devoted and talented implementation administrators; (e) support of interest groups, politicians, and legislators; (f) a socio-economic environment that will not destabilize the political support for the policy; and (g) availability of adequate resources and time .

Some experts involved in policy implementation believe it is impossible to meet all the requirements of the top-down implementation model (Gornitzka, Kogan, & Amaral, 2005). Other perceived shortcomings of the top-down model include that it promotes the perspectives of high-level legislators and administrators at the expense of the views of other stakeholders. This unbalanced perspective can lead to an unrealistic high estimation of governmental influence in affecting the desired change (Mazmanian & Sabatier, 1980). The top-down model is difficult to employ when there is not a single dominant agency involved. Finally, the top-down model fails to acknowledge that policy is transformed and modified through the implementation process (Nilsen et al., 2013; Steinbach, 2009).

Bottom-Up Model

The bottom-up model considers policy implementation as a cooperative process where individuals at lower levels participate in the implementation process, have permission to reshape objectives, and may make revisions to the way that policy is implemented (Nilsen et al., 2013;

Steinbach, 2009). Bottom-up policy implementation blurs the lines between hierarchical creation and implementation of policy; it is a dynamic process that includes policy makers, policy implementers, and other stakeholders from multiple levels in the implementation process. The bottom-up model or policy implementation takes into account that the objectives of a policy will change during the implementation process (Gornitzka et al., 2005; Steinbach, 2009).

There are two major weaknesses in the bottom-up implementation model. First, the multi-level participation in the bottom-up implementation process can make it difficult to evaluate the effects of the policy (Nilsen et al., 2013; Steinbach, 2009). Additionally, because of the number of participants and the dynamic process inherent in the bottom-up model it may be challenging to differentiate the influence of individual actors and governmental agencies in policy decisions and outcomes (Nilsen et al., 2013; Steinbach, 2009).

Principal-Agent Model

The principal-agent model for policy implementation is based on the presence of a relationship between the principals, who create the policy and the agents, who implement the policy (J. Lane, 2013; Steinbach, 2009). The principal-agent policy implementation model includes the establishment of contracts or agreements that permit the principals to structure what they will provide the agents and how the principals will assess the completion of the agreed-upon tasks. The amount of freedom given the agents to make decisions and the complexity of the principal-agent relationship are defined by (a) the character and size of the problem that the policy is addressing, (b) the political and economic issues that encompass the problem, and (c) the amount of resources required and the level of skill needed to implement the policy (J. Lane, 2013; Steinbach, 2009)

One of the weaknesses of the principal-agent model is that the principals incur costs when assessing or monitoring the progress of the agents. It is not uncommon for the principal to decide that it is not in his self-interest to monitor the agent. This can lead to the sidelining of the public interest that is an essential component of many policies (Waterman & Meier, 1998). Another area of weakness of the principal-agent model is an asymmetry of knowledge between the principals and the agents. The agents often possess more information than do the principals. The agents can exploit this information advantage to advance their own interests as opposed to advancing the public interests that were most likely the intended goal of the policy (Waterman & Meier, 1998).

There are strengths and weaknesses related to all models used for policy implementation. Furthermore, regardless of the model selected to implement new policy there are difficulties associated with the implementation process. Gunn (as cited in Steinbach, 2009) outlined the following problems related to policy implementation:

> (a) the circumstances external to the implementing agency impose crippling constraints, (b) lack of adequate time and sufficient resources, (c) the required combination of resources is not available, (d) the policy to be implemented is not based on a valid theory of cause and effect, (e) the relationship between cause and effect is indirect and there are multiple intervening links, (f) dependency relationships are multiple, (g) there is a poor understanding of, and disagreement on, objectives, (h) tasks are not fully specified in correct sequence, (i) there is imperfect communication and coordination, (j) those in authority are unable to demand or obtain perfect compliance. (Application section, para. 2)

The review of policy definitions, theories, and implementation models reveals the reality of a complex, convoluted and often inconsistent body of knowledge. The application of this policy knowledge within organizations that are similarly complex with divergent values and perspectives to solve problems and affect change often results in sub-optimal results (Chan, 2005; Weible et al., 2012). Higher education institutions face the same challenges with the policy process as other organizations. Nursing education departments within higher education have other dynamics that add to the already problematic area of policy creation and implementation. An individual's ability to effectively drive the policy process is influenced by the power they wield or have the potential to wield. Power and influence will be examined in the following section.

Power and Influence

Power is the medium used by stakeholders to negotiate, craft, and implement policy. Foucault (as cited in Bess & Dee, 2008b) highlighted that power is created by the exchanges and relationships between people with the following quote: "Individuals are the vehicle of power, not its points of application" (p. 570). The concept and utilization of power or influence is essentially a person's or an organization's capacity to achieve a goal through the attainment of resources and by changing the actions of other stakeholders (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Morgan, 2007; Raven, 2008). For the purpose of this study the concept of power was be considered at a social level where the potential for influence is directed at policy. The types of power that a stakeholder or organization may employ include coercive, empowerment, expert, information, legitimate, referent, reward, and political. These types of power will be summarized in the following section.

Coercive

Coercive power is based on the capacity to penalize and requires monitoring to ensure compliance (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Raven, 2008). When a stakeholder uses coercive power it requires an explicit or implied threat of punitive reprisals if the desired changes are not made. When power is wielded in a coercive manner stakeholders who are the target of the coercion dislike it and only comply out of concern of retribution (French & Raven, 1959; Raven, 2008).

Regulatory organizations such as governments are a familiar example of coercive power. Most people comply with government mandated regulations because they fear the negative consequences for not complying. Coercive power is considered an ineffective driver for long-term meaningful change (Abood, 2007; Raven, 2008). However, coercion is viewed as rational and objective and linked with the prevalent hierarchical and bureaucratic structure of organizations (Bess & Dee, 2008b; Birnbaum, 1988; Morgan, 2006).

Empowerment

Power based on empowerment is developed by making connections and commitments with others to draw on individuals' strengths, resources and abilities to drive change (Bent, 1993; Kanter; 1977; Leavitt, Cohen, & Mason, 2007). The essence of empowerment is the sharing of power that increases the power base of all the stakeholders involved in the process (Kanter, 1977; Leavitt, Cohen, & Mason, 2007). Empowerment emphasizes participation in decision-making and team building where influence is accomplished by consensus (Rao, 2012). Empowerment is closely associated with servant leadership, feminism, and female characteristics where the use of power or influence is shared and includes respect for others and the concept of equality (Bent, 1993; Kanter, 1977; Northouse, 2013).

Expert

Having special and scarce knowledge or skills that another stakeholder needs is a source of power referred to as expert power (Abood, 2007; Leavitt, Cohen, & Mason, 2007; French & Raven, 1959). The strength of expert power is based on stakeholders believing that the expert truly possesses the needed knowledge or skill and is trustworthy; not attempting to deceive them (French & Raven, 1959). Expert power is limited to the specific areas of expertise that a person possesses.

Accepting the advice of a healthcare provider on a medical issue is an example of expert power. The recognition and utilization of expert power permits stakeholders to use collaboration and advocacy in a variety of settings including the political environment where policy is crafted (Abood, 2007; Raven, 2008). Expert power is associated with many types of leadership and is more often linked with male rather than female characteristics. However, Bess and Dee (2008b) stated that women value becoming experts in their professional disciplines.

Information

Information power occurs when one stakeholder believes that another stakeholder has essential and desirable information (Leavitt, Cohen, & Mason, 2007; Raven, 2008). Though information power appears to be similar to expert power the difference lies in the transfer of information along with grasping the meaning of the information (Raven, 2008). Power from privileged information requires calculated deliberation of when and with whom to share the information (Leavitt, Cohen, & Mason, 2007).

Changes in thinking and behavior that result from the influence of information power can be maintained without monitoring afterwards (Raven, 2008). An example of information power is when a teacher explains to a student how to improve their study skills and provides rationales

on why the change would beneficial and produce better results. The stakeholder who has changed their behavior will continue the new behavior and over time forget that someone else was a driver of the change (Raven, 2008).

Legitimate

Legitimate power occurs when power is conferred to a stakeholder by the assignment of a particular role and status (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Raven, 2008). Additionally, this type of power is given to stakeholders based on cultural mores and standards (French & Raven, 1959; Morgan, 2006). This form of power is often referred to as positional power (Leavitt, Cohen, & Mason, 2007).

An example of legitimate power is where a police officer has influence over the behaviors of the general public. The public recognizes the police officer has a right to rule within an agreed-upon zone and it is their responsibility to obey (Bess & Dee, 2008b; Morgan, 2006; Raven, 2008). Legitimate power is closely aligned with bureaucratic and hierarchical structures and often takes the form of directives, instructions, and policies (Bess & Dee, 2008b; Morgan, 2006).

Referent

Referent power is acquired when a stakeholder has the respect and admiration of others (Abood, 2007; French & Raven, 1959; Raven, 2008). Influence is gained when others want to be associated or identify with the esteemed stakeholder. Referent power does not require the use of coercion or reward (French & Raven, 1959; Raven, 2008).

An example of referent power would be an organization or stakeholder recruiting a highly respected individual to advocate for an issue they are supporting (Leavitt, Cohen, & Mason, 2007). In organizations where referent power is utilized relationships are characterized

by mutual trust and respect (Bess & Dee, 2008b). Referent power is closely aligned with personality instead of an organization, structure, or gender (Bess & Dee, 2008b; Morgan, 2006).

Reward

Reward power is the capacity to provide other stakeholders what they want in exchange for compliance with a desired behavior (Abood, 2007; Leavitt, Cohen, & Mason, 2007; Raven, 2008). The reward may be in the form of a raise, promotion, recognition, or some other desirable prize (Abood, 2007; Raven, 2008). The power of reward can also be used as a penalty when rewards are withheld until the desired behavior is exhibited (Abood, 2007; Bess & Dee, 2008b; Raven, 2008).

The utilization of reward power is demonstrated by a supervisor who offers a monetary bonus to workers for completing a project prior to a set deadline. The influence of reward is similar to coercion in that the reason for compliance is purely to receive the reward without any long-term change in behavior (Bess & Dee, 2008b). Additionally, surveillance or monitoring is required to assure the presence of the desired behavior (Abood, 2007; Raven, 2008). The use of reward power is linked with formal authority and control of scarce resources (Bolman & Deal, 2008; Morgan, 2006). The last type of power that will be outlined is political power based on Rawls's theory of justice.

Political

Rawls's theory of justice highlights how a just society is a fair society. The structure of a fair society is comprised of rules and regulations that allow all citizens to receive mutual advantages but is marked with conflict in regard to individual interests (Lovett, 2009; Rawls, 1971). Additionally, Rawls's (1971) theory stated that people do not choose their gender, race, or social status and should not be allowed or denied socially construed benefits or power because

of these random characteristics. The structure of a society should be created by citizens of the society from a position where they are unaware of their role. This blinded position would compel citizens to create structures that treat everyone fairly for fear that their assigned role would be one that was treated unfairly (Lovett, 2009).

Even in a just society there is a need for some individuals to wield more power than others in the form of political power. Rawls (1971) provided two guiding principles for those who possess political power: (a) their decisions should result in an improved quality of life for those in the most difficult situations and (b) access to the power positions is not barred to some individuals based on extraneous criteria or discrimination (Lovett, 2009: Rawls, 1971). Furthermore, power needs to be used in a transparent and shared manner. This allows all involved to understand the decision-making process, recognize the principles used to make policies and laws, and equitably resolve disputes or problems (Lovett, 2009; Rawls, 1971).

Rawls (1971) stated that arbitrary political power exerted by those who have not legitimately earned the privilege of power results in fear. Individuals within a society begin to base their decisions on how they perceive those in power will react to the decisions. The environment created by the arbitrary use of power results in individuals and groups of people that either use evasive action or completely withdraw from society (Lovett, 2009; Rawls, 1971). It is difficult to make decisions in an ambiguous setting where power is used in an unpredictable and discriminatory manner.

Much of Rawls theory of justice is still relevant for political power. Nursing education executives may experience the fear and apathy that results when political power used in higher education organizations is capricious and unjust. Additionally, nursing education executives may be denied their rightful position of influence and power based on random traits such as

gender. However, nursing education executives would benefit from adopting the tenets of Rawls's theory. Nursing education executives can utilize the power available to them in a transparent manner; using the values and principles of their institution and profession to create policy that is beneficial for all stakeholders.

Each type of power is not mutually exclusive and people have access to more than one type of power base (Abood, 2007; French & Raven, 1959; Raven, 2008). Sources of power can be used in a combined manner where the sum of the influence realized is far greater than the simple addition of each power base (Abood, 2007). Nurses have access to every type of power: (a) legitimate power bestowed by state boards of nursing and employers; (b) expert power by training and experience gained in practice, either clinical or educational practice; (c) referent power by being identified as one of the most trusted professions (Campaign for Action, 2013); (d) reward and coercive power by advancing to positions of authority such as clinical managers or education executives; (e) information power by keeping current in the profession and community; and (f) political power based on their professional status and as a legitimate member of the organizations in which they work and practice (Abood, 2007; Leavitt, Cohen et al., 2007, Lovett, 2009; Rawls, 1971).

In the domain of policy, power is an essential component and valuable commodity of the process (Bess & Dee, 2008b; Leavitt, Cohen, & Mason, 2007; Raven, 2008). Those involved in the policy process need to be able to both analyze the power base of their opponents and take advantage of their own actual or potential power. Abood (2007) and Leavitt, Cohen, and Mason (2007) underscored that those in the nursing profession have potential for power and influence but either are unaware of it or choose not to use it. They made the case that nurses in all professional spheres must accept that power underlies all interactions. The position of

continuing to be naïve about power or deny it places the profession at a disadvantage in taking control of and influencing the policy-making process (Abood, 2007; Leavitt, Cohen, & Mason, 2007). Another issue for nursing professionals, a group that is largely composed of women, connected to power is that of gender (Morgan, 2006; Pounder & Coleman, 2002; U.S. Department of Health and Human Services, 2010; Zulu, 2011). Power and gender will be analyzed in the next section.

Power and Gender

American culture has and continues to support a dichotomous socially constructed definition of gender. Men should be strong, aggressive, rational, and decisive; traits that are linked with power and leadership (Bess & Dee, 2008b; Morgan, 2006; Zulu, 2011). Conversely, female characteristics include empathy, compassion, and understanding, qualities associated with being a supportive follower (Morgan, 2006; Zulu, 2011). Organizations have been encouraged to be logical, decision-oriented, and aggressive which advantages men in terms of leadership, power, and influence.

Women often have to contend with limited advancement opportunities because of the hierarchical structure and paternalistic culture of the organizations within which they work. Additionally, women who assume male gender traits in an effort to garner power and advance their careers expose themselves to criticism for being too assertive and unfeminine (Morgan, 2006; Pounder & Coleman, 2002; Zulu, 2011). Gender and the concepts of power and leadership have been evolving to become more inclusive of both male and female traits as evidenced by more women in mid-level administrative positions (Chronicle of Higher Education, 2013; Morgan, 2006; Zulu, 2011). However, in higher education senior leadership roles are still predominately held by men who enjoy an advantage over similarly qualified women (Betts,

Urias, Chavez, & Betts, 2009; Chronicle of Higher Education, 2013; Owen, 2011; Rogers, 2012; Zulu, 2011).

Although female administrators have not reached parity with male administrators, great strides have been made in the mid-level leadership roles such as chairs and deans (Chronicle of Higher Education, 2013; Morgan, 2006; Owen, 2011; Zulu, 2011). This trend has led to an increased knowledge and in some cases development of leadership theories based on female gender traits such as shared power, relationships, and empowerment as highlighted in transformational leadership (Morgan, 2006; Zulu, 2011).

The female-dominated profession of nursing education executives continues to be challenged in attaining and utilizing power by the socially constructed stereotypes of gender and the preference of organizations to utilize male characteristics of power (U.S. Department of Health and Human Services, 2010). This hinders nursing education executives in their ability to influence policy because they are unfamiliar and uncomfortable with male power and leadership characteristics. They are often penalized for adopting male forms of power and leadership. Finally, the accepted standard of male leadership traits limits the opportunities for nursing education executives to build and utilize power and influence that is crucial for policy work. However, there are increasing opportunities for nursing education executives to utilize female gender power and leadership traits as organizations recognize the validity and effectiveness of shared power and relationship building (Morgan, 2006; Owen, 2011; Zulu, 2011). The theme of gender that influences power also impacts and pervades the concept of leadership. Next leadership and gender will be examined in light of how it affects the potential of nursing education executives.

Leadership and Gender

A conceptual definition of leadership is that it is a group process where influence is utilized by an individual to achieve a common goal (Northouse, 2013). Furthermore, leadership's influence is a shared process where every individual in the group can participate and has the opportunity and potential to become a leader (Klenke, 2011; Northouse, 2013). The above definition is inclusive of women as potential leaders in organizations. Though women have enjoyed some success in attaining leadership positions they have faced and continue to deal with several challenges. These challenges include less opportunity, leadership style, and gender stereotypes.

Opportunity

Women have earned more than half of all bachelor's degrees awarded and have obtained parity with men in the number of graduate degrees earned (Chin, 2011; Klenke, 2011; Matsa & Miller, 2011). Therefore, the number of qualified women available to assume leadership roles is abundant. However, women are sparsely represented in executive leadership roles in both higher education and corporate organizations, ranging from 6% to 22% of executive leadership positions occupied by women (Chin, 2011; Chronicle of Higher Education, 2013; Klenke, 2011; Matsa & Miller, 2011).

There are several reasons provided by experts to explain why the number of women in leadership positions does not reflect the number of qualified women or why women do not have an opportunity to advance their careers. Klenke (2011) stated that the inequity of women in leadership roles begins in their youth when they are taught the social expectations that limit their scholastic and career opportunities. Another factor that limits the opportunities of women to

assume leadership positions is the dearth of mentors or role models in key leadership positions for aspiring women leaders (Klenke, 2011; Peltier-Campbell, 2011).

Issues that contribute to the reduced opportunities in leadership for women within higher education include (a) an environment that utilizes a traditional masculine standard when measuring what is acceptable or normal, (b) an increasingly competitive atmosphere that is transforming higher education into a more market driven organization that places women in less valued administrative positions, and (c) the unwillingness of higher education to incorporate gender equity into tenured faculty and administrative positions (Dickison, 2010; Klenke, 2011; Peltier-Campbell, 2011). The above listed issues combine to reinforce and reward the socially accepted male hierarchy and continue to limit the advancement of women to key leadership roles. The leadership style of women, whether real or perceived, is an important topic when understanding how women lead.

Leadership Style

Studies on gender related leadership styles have mixed results that indicate that there are only minor differences between how men and women lead (Chin, 2011; Northouse, 2013). Leadership characteristics that are statistically linked to the female gender are a more democratic, participatory, and collaborative style (Antonaros, 2010; Chin, 2011; Northouse, 2013; Zulu, 2011). The specific models of leadership that are associated with the female gender are contingency and transformational. Furthermore, Klenke (2011) and Northouse (2013) stated that regardless of gender a person's leadership style is closely linked with the context of the situation and the structure of the organization. The issues of women's leadership style that include transformational leadership, contingency leadership, and contextual aspects will be outlined in this section.

Transformational. Transformational leadership encompasses four components that include individual regard, intellectual stimulation, inspirational motivation, and idealized influence (Northouse, 2013; Zulu, 2011). Individual regard, the first component, refers to the ability of a leader to have a personal interest in each person and create a supportive atmosphere. The goal of individual regard is to assist individuals in developing their full potential (Northouse, 2013). The second component, intellectual stimulation, represents the leader's challenge to followers to question the beliefs and values held by themselves, the leader, and the organization with the goal of increasing their capacity for innovation (Northouse, 2013).

Inspirational motivation, the third component of the transformational leadership model, denotes the ability of the leader to convey his or her vision to the followers. The vision is expressed in such a manner that allows the followers to embrace the vision with motivation and reach the stated goals (Northouse, 2013). The final component is idealized influence or charisma where the leader functions as a role model for the followers. Followers who have a high level of trust and respect for their leader desire to imitate the leader, adopting the leader's values and beliefs (Northouse, 2013).

Contingency. The contingency leadership model is defined by the belief that specific leadership styles are effective in specific situations (Fiedler, 1972; Northouse, 2013). There is not one right or most effective way to lead but the type of leadership is determined by the task and environment in which the leader works. The three elements of the contingency leadership model include the leader-member relationship, the structure of the task to be completed, and the leader's perceived power position (Fiedler, 1972; Northouse, 2013).

The most important component of the contingency theory is the leader-member relationship which defines the commitment and trust the members or followers have for the

leader (Fiedler, 1972; Northouse, 2013). The level of trust and commitment the followers have for the leaders determines and is directly proportional to a work environment is either good or poor. Task structure, the second component of the model, is determined by how clearly the task is defined. The more clearly defined or structured the task is the more control and influence the leader possesses (Fiedler, 1972; Northouse, 2013). The leader's power position is the third factor of the contingency model. Position power is determined by the authority the leader has to either punish or reward followers.

These three components combine to determine the ability of a person to lead in a given situation within an organization. The most promising circumstances for leaders include a good leader-member relationship, a well-defined task, and a strong power position (Fiedler 1972; Northouse, 2013). Conversely, the least promising circumstances include a poor leader-member relationship, a poorly defined task, and a weak power position. Women leaders' preference is to build positive leader-member relationships and to utilize their position of power to reward others as opposed to punishing them (Chin, 2011; Northouse, 2013). The last leadership element that will be outlined is context.

Contextual. Regardless of the gender of leaders, their style of leading is affected by the contextual characteristics of the situation and the organization (Klenke, 2011; Northouse, 2013). The context is shaped by such factors as the current financial climate of the organization, the political atmosphere, the social environment, the available technology, and the basic structure of the organization (Bolman & Deal, 2008; Klenke, 2011; Northouse, 2013). The contextual characteristics define the leader-follower relationship, determining the restraints and requirements of the leader-follower interactions.

The leadership style that a person employs is influenced by the contextual factors of any given situation within a specific organization (Klenke, 2011; Northouse, 2013). Additionally, how a leader interprets contextual elements greatly impacts how they view and execute the role of leadership. According to Klenke (2011) an individual's leadership style and effectiveness alters as the contextual elements of the situation change. Leaders who are skilled at understanding contextual changes and successfully adjust to the changes are said to possess contextual intelligence (Klenke, 2011). The final aspect of the leadership style of women that will be reviewed in the following section is gender stereotype.

Gender Stereotypes

Duehr and Bono (2006) defined gender stereotypes as "categorical beliefs regarding the traits and behavior characteristics ascribed to individuals on the basis of their gender" (p. 816). Gender stereotyping in the United States is no longer overtly expressed but is still a pervasive undercurrent that affects how our society views an individual in a given setting including leaders in an organizational setting (Duehr & Bono, 2006; Northouse, 2013). Many societal and organizational cultures have an entrenched belief that men should command while women should nurture (Northouse, 2013). This stereotypical thought process affects how women view and approach leadership.

Men are thought to be naturally endowed with agentic qualities or capacity to be assertive, confidence, rational, and decisive (Duehr & Bono, 2006; Northouse, 2013). Conversely, women are thought to be born with the communal qualities or the capacity for caring, being sensitive, nurturing, and supporting (Duehr & Bono, 2006; Northouse, 2013). Although gender stereotypes are beginning to change it is still widely thought that leadership roles require the leader to embody the masculine agentic qualities to be effective (Duehr & Bono,

2006; Morgan, 2006; Northouse, 2013). This stance severely limits women who are stereotypically regarded as possessing communal qualities and therefore deemed not suitable for leadership roles.

In the instances where women leaders adopt a more agentic approach to leadership, they must deal with being perceived by others as being too masculine or not feminine enough (Ciolac, 2013; Northouse, 2013). However, when women utilize communal attributes such as caring and collaboration they are often viewed as being ineffective leaders (Duehr & Bono, 2006; Northouse, 2013). Women leaders invest valuable time and energy and incur anxiety in maintaining a positive public perception of themselves; balancing the need to appear feminine while demonstrating expected leadership qualities instead of focusing solely on leading (Ciolac, 2013; Northouse, 2013).

Nursing education executives, a mostly female cohort, may experience limitations on their ability to lead and thus direct policy based on real and perceived gender characteristics. Nursing education executives may have less opportunity to develop and employ leadership skills based on their gender (Chin, 2011; Klenke, 2011; Northouse, 2013). Additionally, women leaders who prefer to use a leadership style that includes a more democratic or collaborative approach to leading may be viewed by others in their organization as less effective leaders (Northouse, 2013). Finally, the contextual aspects within an organization and the pernicious gender stereotyping that are present may create barriers in leading and influencing policy (Duehr & Bono, 2006; Klenke, 2011; Northouse, 2013). The culture of an organization affects the policies that are created and implemented as well as the leaders who drive the policy process. Leadership and culture will be reviewed in the following section.

Leadership and Culture

The ability of any leader to drive policy and make changes is negotiated through the cultural context of the organization (Kempner, 2003; Tierney, 1988). Tierney (1988) stated that "the culture of an organization is grounded in the shared assumptions of individuals participating in the organization" (p. 4). The members within an organization may not be consciously aware of the assumptions but articulate them through stories, specific types of communication, and personal and institutional behavior (Kempner, 2003; Tierney, 1988). This interpretation of culture will serve as a basis for examining leadership and culture.

Every organization has its own culture and must interact with external organizations that may well have a completely different culture (Tierney, 1988). Adept leaders develop an understanding of their organization's culture on which they base their selections of available options for change (Kempner, 2003; Tierney, 1988). Symbolism, communication, and interpretation are three skills that leaders can employ to acknowledge and maximize the culture of their organization. These three skills will be reviewed in this section.

Interpretation

Effective leaders who appreciate the culture of their institution and surrounding community deliberately interpret the meaning of decisions and events (Birnbaum, 1992; Kempner, 2003). This interpretative approach allows leaders to influence the perceptions of those inside and outside the organization. Additionally, this deliberate interpretation by the leader constructs and maintains cultural beliefs and values in order to renew the passion and loyalty of all participating members (Birnbaum, 1992; Kempner, 2003; Tierney, 1988). A leader who uses interpretation can create a direct link from their decisions and actions to the organizational culture (Birnbaum, 1992). Another important aspect of interpretation that is

culturally congruent is that it assists in making members feel less fear and more confident in the face of uncertainty or change (Bolman & Deal, 2008; Birnbaum, 1992).

Symbolism

Symbols are one of the basic ways that members within an organization recognize their cultural beliefs and values (Birnbaum, 1992; Kempner, 2003; Tierney, 1988). A symbol can be actual items or actions (Bolman & Deal, 2008). A leader who uses symbolism in a manner that is culturally congruent with their organization has the ability to influence the opinions and behaviors of those they lead (Bolman & Deal, 2008). Bess and Dee (2008b) provided support for the connection between leadership, symbols, and organizational culture by stating that symbolism can assist in creating organizational vision and encouraging loyalty and enhanced capacity for work. Symbolism acts much like interpretation within an organization in that it helps members attach meaning to events and experiences and to feel secure in times of uncertainty and change (Bolman & Deal, 2008; Bess & Dee, 2008b).

Communication

Communication can be defined as an ongoing stream of ideas, images, and information between internal members of an organization and associated external organizations (Anaeto, 2010; Bolman & Deal, 2008; Tierney, 1988). It includes various modes such as face-to-face interactions, written documents, and electronic media (Anaeto, 2010). Effective communication includes speaking, listening, and then providing feedback on a regular basis (Birnbaum, 1988, 1992; Tierney, 1988). Furthermore, communication is a synthesis of the transmission of information with an understanding of what the information means and how it reflects the organization's values (Anaeto, 2010; Birnbaum, 1988, 1992).

Leaders who are aware of the culture within their organizations engage in and are available for open communications with internal organizational members (Birnbaum, 1992; Tierney, 1988). The medium of written communication is an effective leadership approach to sharing important organizational values with external organizations or stakeholders (Tierney, 1988). Open and ongoing communication has the capacity to acknowledge, create and strengthen organizational culture to internal members and external stakeholders (Bolman & Deal, 2008; Tierney, 1988)

Nursing education executives in leadership role who work with policy can increase organizational understanding and acceptance of needed changes by developing an understanding of their organization's culture. Interpreting or making meaning of events and actions, employing symbolism that creates and reinforces values, and communicating in a culturally congruent manner can increase a nursing education executive's influence and ability for change. The importance of cultural leadership was aptly summarized by Bennis and Nanus (1997) who stated a leader is successful when she or he becomes a "social architect . . . who understands the organization and shapes the way it works" (p. 110). The underlying type of organizational structure of higher education institutes is another factor that effects how nursing education executives function in the realm of policy and will be considered in the following section.

Organizational Structure

The underlying structure(s) of an organization directly impacts both its leadership roles and the policy process. Organizational structure is created based on the following criteria: (a) the roles assigned to people and to departments, (b) the formal hierarchy of accountability and power, (c) how people, departments, and entire divisions are structured, and (d) the network utilized for communication and collaboration in all directions (Bess & Dee, 2008a).

Additionally, most higher education institutions have characteristics of more than one type of organizational structure (Bess & Dee, 2008a: Birnbaum, 1988). There are numerous types of organizational structures. The scope of this paper is limited to higher education and will provide a review of the structures common in the higher education setting that include anarchical, bureaucratic, collegial, and political. First, the anarchical organizational structure will be reviewed in the following section.

Anarchical

Birnbaum (1988) stated that anarchical organizations have three defining features that include "problematic goals, an unclear technology, and fluid participation" (p. 154). Goals in an anarchical organization are loosely linked ideas that often are based on previous actions instead of a guiding mission (Bess & Dee, 2008b; Birnbaum, 1988). Technology is the system and procedures employed by higher education organizations to turn students referred to as inputs into graduates referred to as outputs. Anarchical organizations are able to identify what technology is successful based on results but are unable to determine why it is successful (Birnbaum, 1988). Therefore, decisions about technology are often made by trying several different tools and eliminating those that do not work. Finally, participation by organization members in the decision-making process often fluctuates; members weigh the occasions to participate against alternative activities of interest occurring at the same time (Birnbaum, 1988).

Anarchical organizations make decisions by what is referred to as the garbage-can model (Bess & Dee, 2008b; Birnbaum, 1988; M. D. Cohen et al., 1972). The garbage-can decision-making process can be compared to tossing into a garbage can the following items: (a) the problems currently present within the organization, (b) every possible solution to the problems, (c) participants whose time and commitment fluctuate, and (d) occasions when decisions are

expected by either internal or external stakeholders (Bess & Dee, 2008b; Birnbaum, 1988; M. D. M. D. Cohen et al., 1972). These four components become attached loosely or tightly while in the garbage can and drive the decision-making process in one of three ways that include (a) a rational approach with an appropriate solution, (b) disregarding for the present time, and (c) quickly made in an ineffective way (Bess & Dee, 2008b; Birnbaum, 1988; M. D. Cohen et al., 1972).

Leaders who desire to enact change in an anarchical organization must rely on their capacity to present an image as a knowledgeable, reliable, and devoted leader to numerous stakeholders (Birnbaum, 1988). Effective leaders will utilize images and symbols in an attempt to influence how member interpret events in the organization. Additionally, anarchical organization leaders rely on leadership characteristics such as strength, bravery, and morality to exert their influence (Birnbaum, 1988; Bolman & Deal, 2008). Bureaucratic organizational structure will be discussed in the next section.

Bureaucratic

The organizational chart aptly represents the dominant hierarchical features of the bureaucratic structure (Birnbaum, 1988; Bess & Dee, 2008a). The organizational chart outlines the lines of authority within a bureaucratic institution; clearly outlining positions of and their level of power (Birnbaum, 1988). Information travels up the vertical levels to top position while power flows down from the top position to all other levels (Birnbaum, 1988). Bureaucratic organizations are considered flat if they have few levels on their organization charts; higher education institutions that are bureaucratic are usually flat (Birnbaum, 1988). Flat organizations experience fewer misinterpretations in the exchange of data and ideas (Birnbaum, 1988).

Bureaucratic structures are based on formal rules and regulations that apply equally to every member and facilitate effectiveness (Bess & Dee, 2008a; Birnbaum, 1988). The division of labor is clearly labeled on the organizational chart and based on areas of specialization and expertise (Bess & Dee, 2008a; Birnbaum, 1988). The rules, regulations, and role specialization combine to produce a decision-making process that is rational, uniform, and efficient (Birnbaum, 1988). However, these same features limit an institutions ability to be innovative and flexible when confronted with new unique problems (Bess & Dee, 2008a; Birnbaum, 1988; Bolman & Deal, 2008).

The ability of leaders to be effective in influencing change is based on them being accepted as legitimate by members in a bureaucratic organization. Legitimacy can be earned through tradition or charisma (Birnbaum, 1988). Traditional legitimacy is based on members following directives because "it has always been done that way" (Birnbaum, 1988, p. 122). Charismatic legitimacy is conferred to leaders based on their capacity to communicate institutional values, solve complicated problems, and motivate the members of the organization (Birnbaum, 1988). Traits associated with leaders in a bureaucratic organization include decision-making, conflict resolution, and the allocation of rewards and punishments (Birnbaum, 1988; Bolman & Deal, 2008). Successful leaders in a bureaucratic institution utilize data and accepted procedures to arrive at rational decisions while creating a system that will support and provide guidance to those implementing the decisions (Bess & Dee, 2008a; Birnbaum, 1988). Collegial organizational structure will be reviewed in the next section.

Collegial

Collegial organizations are usually small in size (Birnbaum, 1988). The organization is composed of members who share specific characteristics that set them apart from those that are

not members of the institution (Birnbaum, 1988). The collegial structure is not hierarchical but rather it is distinguished by shared power and casual communications (Bess & Dee, 2008a; Birnbaum, 1988). A sense of community is an essential trait in collegial organizations (Birnbaum, 1988). This sense of community is based on the organization's tradition and the members' agreement on the institution's values and purpose (Birnbaum, 1988).

Most decisions at a collegial organization are based on consensus of all the members. However, some members are more influential based on their own personal qualities and how closely they are aligned with the accepted customs of the institution (Bess & Dee, 2008; Birnbaum, 1988). The decision-making process is defined by the following qualities: (a) conversation is open and ongoing among members, (b) members believe that they have had a reasonable opportunity to express their opinions and exert influence, and (c) the decision selected is supported by most of the members (Birnbaum, 1988).

The leader in a collegial organization must learn to use power and influence in a non-coercive manner (Birnbaum, 1988). An effective leader conveys the benefits of any decision so members agree it is a reasonable trade for loss of some of their independence (Birnbaum, 1988). Finally, in a collegial organization influential leaders ensure they accomplish the following: (a) create an atmosphere that encourages open pathways for communication, (b) be an exemplar of the institutional values, (c) listen to members, and (d) avoid making a decision that is not supported by members (Birnbaum, 1988). Next, the political organizational structure will be examined.

Political

The political organizational structure is centered on the competition for scarce resources where conflict in an inherent characteristic (Birnbaum, 1988; Bolman & Deal, 2008). The

internal and external stakeholders in the political institution act on a self-directed level but are also dependent on other members and groups (Birnbaum, 1988). The interdependence among individuals and groups sets the stage for conflict and power struggles. The power of any member or group is determined by the perceived worth of their contributions to the organization (Birnbaum, 1988; Bolman & Deal, 2008). Additionally, the structure and power of groups varies based on the timing and context of the situation or problem (Birnbaum, 1988).

Decision-making in the political organization does not focus on good or bad solutions but between equally beneficial solutions (Birnbaum, 1988). Furthermore, what is believed to be the best solution differs between groups. Coalitions and negotiations are the main elements involved in the decision-making process. Coalitions of members and groups are created to reach the desired objective. The creation of coalitions serves to equalize the balance of power between weak and strong factions (Birnbaum, 1988; Bolman & Deal, 2008). Groups and members who desire to be part of a coalition must negotiation their entrance into the coalition (Birnbaum, 1988). Negotiation includes assessing the power of each possible coalition member, how closely aligned each member's interests are in regards to the decision to be made, and the risk-benefit ratio for becoming a member of a coalition (Birnbaum, 1988).

Effective leadership in a political organization requires having awareness, presence, and timing (Birnbaum, 1988). A leader strives to be conscious of the fears and beliefs of the members of the organization (Birnbaum, 1988). Additionally, leaders must be present when coalitions are working through the decision-making process to exert their considerable influence. Timing involves leaders knowing the stance of the different coalitions, the connections between all the issues, and the power available to them at the moment. This assessment is then used by

the leader to intuitively time their response for maximum effectiveness in influencing the decision-making process (Birnbaum, 1988).

Nursing education executives operate within the confines of higher education institutions that have a combination of characteristics from the anarchical, bureaucratic, collegial, and political organizational structures. The type of organization that they lead in influences the leadership traits they utilize in the role of policy maker and partially determine how successful they are in the policy process. Astute nursing education executives must evaluate the structure of their organization and modify their leadership style to complement the structure and enhance their ability to make decisions and guide policy. The transition of the nursing education from the hospital to the higher education environment has an effect on nursing education executives' ability to influence and create policy. The following section will provide the historical context of the nursing profession's transition to higher education.

Nursing's Transition to Higher Education

To appreciate all of the issues that contribute to nursing educators' inability to manage policymaking and by extension develop political leadership it is important to review the trajectory of nursing education in the past 100 years. Prior to the mid 1900s most nursing students received their education and training in hospitals or charitable organizations such as the Young Men's Christian Association (Scheckel, 2009). This educational structure was referred to as a diploma program and on the surface appeared to be beneficial for both the organizations and the students. The students, a mostly female cohort, were able to enter a vocation in an environment where career opportunities were limited (Ruby, 1999). This apprenticeship arrangement allowed nursing students to exchange their patient care services provided to the organization for the attainment of an education, a career, and a small stipend.

However, by the 1920s and 1930s nurse educators criticized this apprentice type of arrangement because they felt that the needs of the educational organization and the needs of the students were often in conflict (Goldmark, 1923; Scheckel, 2009). The needs of the sick patients and thus the organization and physicians were always given a higher priority than the welfare and training of the nursing student (Goldmark, 1923). Goldmark (1923) noted that most professions started with apprenticeship training but transitioned to having educational instruction provided by an autonomous institution.

Goldmark (1923) provided examples of professions such as physicians and lawyers that had transitioned to formal education provided by institutes of higher education. A large part of the resistance to move nursing education from hospitals to universities was on the part of hospital administrators and physicians. The hospital and physicians benefitted from maintaining the current system of cheap subservient laborers in the form of nursing students (Ruby, 1999). Nurse educators continued to advocate for educational training away from the hospital and away from the authority of physicians that maintained non-nursing control of nursing education and practice (Ruby, 1999). Small advances in creating nursing education programs in higher education institution occurred during the earlier 1900s but the real transformation occurred in the 1950s.

The advances in medical technology and new knowledge related to the pathophysiology of diseases combined with the onset of public health nursing set the stage for the transformation of nursing education (Ruby, 1990; Scheckel, 2009). Public health nursing allowed for patient care to be provided away from the paternalistic atmosphere of hospitals and gave nurses the first real opportunity for autonomy in practice. The public began to appreciate the value of nursing and started to support the education of nursing students that was guided by nurse educators.

Currently undergraduate nursing education in in the post-secondary environment can be obtained at the community college or junior college level with the attainment of an LPN or ASN degree. The four-year baccalaureate nursing degree is offered at universities and colleges. There is still disagreement inside and outside of the nursing profession about the minimum qualifications needed to be considered a professional nurse. Current research indicates that nurses prepared at the baccalaureate level are correlated with improved patient outcomes (Graf, 2006).

The nursing profession and the public have certainly benefitted from the movement away from apprenticeship training to degree attainment in the higher education environment. Nurses have a better understanding of their professional identity related to curriculum that includes research, leadership, and professional concepts. The nursing profession has made inroads into advanced practice degrees on the masters and doctorate level that further enhance the profession and open new career opportunities for nurses (McBride, 1999). Patients receive evidence-based care founded on nursing research that facilitates improved health outcomes (Findlow, 2012; Graf, 2006; National Research Council, 2011). However, the nursing education professors and administrators have struggled with the transition to higher education institutions (Findlow, 2012).

Findlow (2012) stated that nursing is perceived as a non-academic discipline within higher education institutions. Additionally, a large number of nurse lecturers and nursing education executives find it difficult to make the transition from a clinician identity to an academic identity. These internal and external identity perceptions place nursing education faculty and executives at a disadvantage. Other disciplines within higher education institutions view nursing as a marginal or “pseudo” discipline which can lead to isolation and loss of the

autonomy and power needed to shape the goals and policies related to higher education, nursing education, and nursing practice.

The field of higher education senior leadership is still heavily dominated by men while the majority of nursing education executives are female (Chronicle of Higher Education, 2013; U.S. Department of Health and Human Services, 2010; Owen, 2011). The same subservient relationship that nurses have with physicians is prevalent between male higher education administrators and nursing education administrators (Ruby, 1999). The nursing profession has a deeply ingrained relational identity of being an assistant or assuming a non-dominant role in professional relationships with men in organizations that have a hierarchical and patriarchal structure (Bent, 1993). The historical role and social construct of women in society has been pointed to as one of the reasons that nurses have experience little progress in the political arena (Clifford, 2000).

The transition from vocational training to professional education have contributed to the problems that nurse educators and nurse education administrators have with influencing policy-making (Findlow, 2012). Nurse educators have limited power and autonomy because they are viewed by other higher education disciplines and by themselves as non-traditional, less authentic, and subservient in a patriarchal atmosphere. There are additional undercurrents that contribute to the problems that nursing educators and nursing education executives encounter when trying to assume leadership roles and become influential in the policy process. The next section will review the significant issues related to political leadership, policy engagement, and the nursing profession.

Political Leadership and the Nursing Profession

The nursing profession has struggled to be effective in the area of political leadership which is critical to their ability to influence and shape policy (S. S. Cohen et al., 1996). Antrobus (2003) believed that the nursing profession's reluctance to be active and equal partners in creating and implementing policy is related to a lack of confidence and capacity in leadership and policy development skills. In order for nursing education executives to be successful in the political arena they must build alliances and networks with individuals and groups inside and outside of higher education (Bolman & Deal, 2008; Hofler, 2006). The result of the alliance building process is the access to the decision-making arenas; this access will enable nursing education executives to have a seat at the table when decisions are being made (Hofler, 2006; Owen, 2011). Additionally, from a historical perspective, nurses have been viewed as passive participants in the policy process, responsible for policy implementation but rarely having the expertise or influence required to be involved in policy creation (Antrobus, 2003; Benton, 2012; Kenny, 2003). A component of the assumption about nurses taking a passive role in political leadership and policy formation can be tied to a large population of the profession being female, working in a male dominated environment and society (Bent, 1993; Kenny, 2003).

Another barrier that prevents nurses from being effective in policy creation and implementation is their reluctance to become involved in the political arena where conflict is an inherent characteristic (Antrobus, 2003). Nurses have largely sought consensus within their professional ranks and are intimidated by environments that encourage dissent and where conflict is a constant. Additionally, the nursing profession lacks a working structure for being heard, has limited leadership opportunities, and varying levels of educational requirements for entering the profession that obscurers the definition of the professional nurse (Antrobus, 2003; S.

S. Cohen et al., 1996; Kenny, 2003; Nault, 2012). Finally, nurses are often unaware or naive about the political aspects of the organizations in which they practice or teach (Antrobus, 2003; Bent, 1993; S. S. Cohen et al., 1996; Harrington et al., 2005). The next section will discuss the aspects of developing political awareness and the skills and knowledge nurses need to effective leaders and policy influencers.

Antrobus (2003) stated that political awareness is needed to work effectively in three levels of influence: clinical (micro), strategic or executive (meso), and political leadership (macro). The levels are interconnected with all nurses needing to be engaged at the micro level. However, to influence policy, nursing leaders need to be at the macro or political level (Antrobus, 2003; Hofler, 2006). Additionally, nurse leaders and administrators who excel in political engagement and policy work are committed to the process and believe that their efforts are of significance.

Nurse leaders and administrators in the clinical arena can improve health outcomes by participating in and guiding the policy process that takes into account their experiences and the evidence-based practices for patient care (Antrobus, 2003). Antrobus's (2003) paradigm for developing leadership skills is applicable for nursing education administrators in the higher education environment. A component of the call for nurses to develop the capacity as political leaders and then be able to influence policy is for nursing educators to provide nursing students with the knowledge and skill to become future leaders (Westphal, 2012). One framework that has been developed for teaching nursing and nursing students the skills and knowledge needed for political leadership includes the following concepts:

> (a) identifying the right issue for policy change—whole system thinker, (b) mapping a constituency and developing a collective voice—facilitator and enabler, (c) moving the

> issue from the tactical to the strategic and developing strategic objectives—strategic thinker, (d) identifying stakeholders and mapping their positions in relations to your issue—political operator, (e) constructing different messages for different stakeholders using evidence and experience—articulate speaker, (f) building and using networks for influence—influential operator, (g) negotiating coalitions and aligning common goals—collaborative worker (h) reviewing learning and evaluating strategic objectives—reflective thinker. (Antrobus, 2003, p. 43)

Antrobus (2003) promoted the idea that nursing education programs can provide leadership education to nursing students and foster the development of political leadership skills in future nurses. A model that illustrates how nurses develop political leadership skills is the stages of nursing's political development (Antrobus, 2003; S. S. Cohen et al., 1996). S. S. Cohen et al. (1996) noted the following characteristics of the model: (a) nurses may move back and forth between the stages of development, (b) nurses may incorporate characteristics from different stages to manage an issue, (c) no stage is inherently more valuable than any other stage, and (d) the developmental process is not bound by a timeframe. The following figure illustrates each stage that nurses progress through as they develop political leadership acumen (S. S. Cohen et al., 1996).

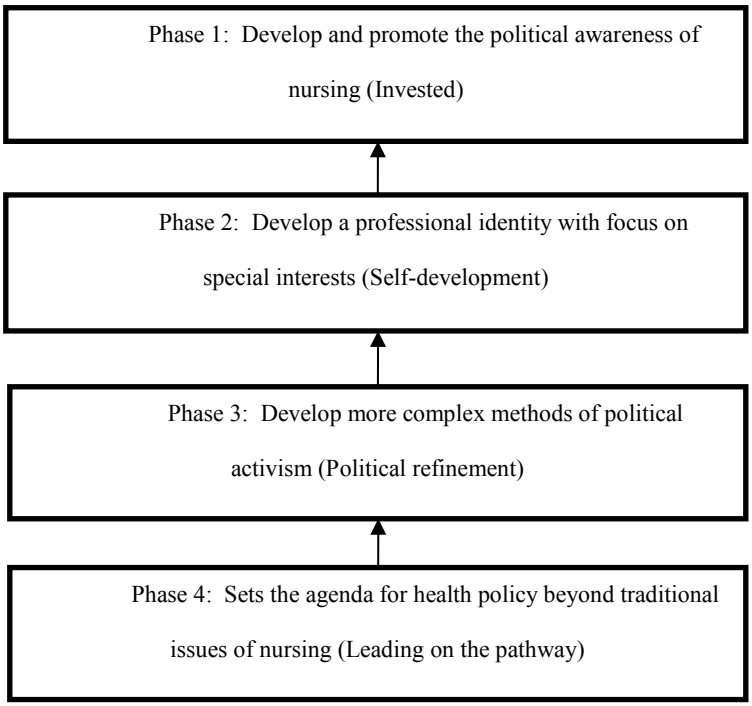

Figure 1. Phases that nurses travel through in the process of developing political leadership skills. Adapted from "Stages of Nursing's Political Development: Where We've Been and Where We Ought to Go," by S. Cohen, D. Mason, C. Kovner, J. Leavitt, J. Pulcini, and J. Sochalski, 1996, *Nursing Outlook, 44,* p. 260.

These political leadership developmental stages along with the political leadership framework could be utilized as a guide to cultivate the political awareness and initiative within the nursing profession through clinical ladder progression or continuing education (Bent, 1993; S. S. Cohen et al., 1996). Additionally, the political leadership developmental stages might be incorporated into nursing education curriculum to foster leadership skills in nursing students.

In the past decade, there has been an international focus on the need to transform nursing by means of policy and political action (Clifford, 2000; Kenny, 2003; Nault, 2012). The appeal for international political action is based on the increasing interconnectedness of the global healthcare and education systems. It is now possible that nursing students in the United States

could access education in Australia or that nurses educated in one country could provide care in another country. The globalization of nursing and nursing education adds to the complexity of the policy process that nursing leaders have to navigate.

Nursing educators have been encouraged to move beyond intra-professional policy arguments related to the minimal certification and competency requirements that are already mandated by state legislation through state boards of nursing in the United States and by national departments of education in the international community (Kenny, 2003; McBride, 1999). Policy creation and implementation in the higher education environment should focus on additional education related to the values of the profession, the health needs of the community, and the skills of leadership and research. Nursing educators are advocating for the integration of political values and skills in nursing education curriculum beginning in the first semester of nursing education programs (Brown, 1996).

Nursing education leaders face many challenges in serving as political advocates for the profession and in providing education to future nurses that will enable the students to become effective leaders who have the capacity to influence, develop, and implement policy. The intra-professional debates about minimum educational requirements for licensure and the increasing globalization of the profession are two of the challenges the profession must meet in the process of developing policy-making acumen. There are leadership frameworks and policy skills models that nursing education can embrace in their efforts to overcome the challenges.

Much of the literature on nursing political leadership focuses on the clinical component of nursing or on the education of future leaders in nursing. There is very little research completed on the leadership skills of nursing education executives who have to function in an environment that is significantly different than the clinical healthcare environment. The process

of institutional and special program accreditation provides additional challenges for the nurse education executive in terms of the policy process. The next section of this chapter will review the general process of accreditation in higher education and specifically within nursing education.

Accreditation

Accreditation in the United States higher educational environment was originally a voluntary university driven process that developed standards to enhance the articulation between high school and postsecondary education (J. Hall, 2012; Selden, 1976). In the current higher education environment accreditation is an accountability focused process that is driven by the governing bodies' policy (Engebretsen, Heggen, & Eilertsen, 2012; Gillen et al., 2010; J. Hall, 2012). Higher education institutes find it essential to be accredited and to comply with accreditation policy to ensure that they are eligible for federally funded student loans (Gillen et al., 2010; J. Hall, 2012). A brief history of the higher education accreditation process and nursing education program accreditation will be reviewed in this section. The history of higher education accreditation will be outlined next.

Higher Education Accreditation History

The history of accreditation in higher education is delineated by the following four eras: (a) pre 1936 or the voluntary era, (b) 1936 to 1952 or quality improvement era, (c) 1952 to 1985 or quality assurance era, and (d) 1985 to present or accountability and assessment era (Gillen et al., 2010; Harcleroad, 1980; Selden, 1976). Each of these eras represents the challenges that higher education or the public were experiencing in terms of educational offerings. The focus of the accreditation process within each era reflected those challenges. The voluntary era focused on defining the characteristics of higher education.

Voluntary era. Prior to this era there were no benchmarks or standards that defined what a college education should include. There was no evaluation system in place that determined if individual universities or colleges possessed the pedagogical or financial capacity to provide the above mentioned education (Gillen et al., 2010; Harcleroad, 1980). The higher education institutes of the era addressed this problem by creating regional voluntary associations that established educational and admission standards. Some of the standards established during the voluntary era such as faculty size, length of educational programs, and financial stability remain viable components of the current accreditation process to this day (Gillen et al., 2012). The voluntary accreditation organizations and process provided an endorsement that protected the reputation of strong institutions when compared to weak institutions (J. Hall, 2012; Selden, 1976). A transition in accreditation occurred amidst complaints that the standards were quantitative in nature and focused on measureable inputs and did not account for harder to measure metrics such as mission and diversity of programs (Gillen et al., 2012).

Quality improvement era. One of the regional accrediting organizations, North Central Association (NCA) responded to the above mentioned criticisms by commissioning a report on accreditation standards in 1936 (Gillen et al., 2010). The findings of the report resulted in a change in how higher education institutions could achieve accreditation. NCA stated that universities and colleges should be judged on their entire program and their ability to meet their stated mission. Additionally, based on the report findings the NCA felt that accrediting organizations should focus on service and quality improvement for their member institutions (Gillen et al., 20l0). Other regional accreditation associations transitioned to this continual improvement focus of accreditation over the following decade. World War II and the Korean War provided the next challenge for higher education accreditation.

Quality assurance era. In the 1940s and 1950s the United States government became involved in the accreditation process to protect its financial interests because many veterans were enrolling in higher education institutions under the GI bill (Gillen et al., 2010; J. Hall, 2012). Due to rumors of abuse of World War II veterans by institutions of higher education the government wanted some type of institutional eligibility criteria in place for the Korean War veterans entering higher education (Gillen et al., 2010; Harcleroad, 1980). Congressional hearings were held and the government decided to have the six existing accrediting associations determine which of the higher education institution would be eligible for and to receive GI bill tuition funds. Basically, the accrediting organizations were now tasked with assuring that higher education institutions were providing a quality product or education in addition to assisting with quality improvement (Gillen et al., 2010). The 1965 Health Education Act (HEA) provided for permanent and massive funding for higher education that would challenge and permanently change the accreditation process (Gillen et al., 2010).

Accountability and assessment era. The influx of federal funds for higher education led to widespread fraud by higher education institutions that sought accreditation solely for access to federal monies (Gillen et al., 2010; J. Hall, 2012; Harcleroad, 1980). This deceit was inadvertently facilitated by accrediting associations that still regarded their overriding mission as quality improvement not quality assurance. The U.S. government reviewed its agreement with accrediting agencies in regards to federal funding for higher education.

The result of this review was the reauthorization of the HEA in 1992 that included the following regulatory actions: (a) limits on continuing education programs (b) limits on the percentage of higher education institutions' budget from federal funds, and (c) increased quality assurance assessment including benchmarks such as student learning and post-graduation success

(Gillen et al., 2010). The trend for increased accountability and assessment in higher education has continued into the 21st century with the reauthorization of the HEA in 2008. The reauthorization of the HEA required that universities and colleges that received federal funding provide information on college costs, graduation data, emergency procedures, and other consumer information (HEA Reauthorization, 2013). Additionally, the HEA is required to be reauthorized every five years with ongoing evaluation and refinement of the regulatory requirements for higher education institutions (HEA Reauthorization, 2013).

The climate in the United States' higher education institutions today is one where accreditation, while voluntary, is necessary to receive federal funds and thus remain financially viable. Postsecondary education administrators and programs must comply with the government created standards and policies that drive the accreditation process (Gillen et al., 2010; Harcleroad, 1980; HEA Reauthorization, 2013). In the specialty area of nursing, programs must comply with the policies of both the institutional accrediting association of the university or college and the policies of the nursing education program accrediting organization. Nursing education accreditation will be examined in the following section.

Nursing Education Accreditation

Nursing education programs have had some form of accreditation process since the early 1920s (Accreditation Commission for Education in Nursing, 2013; National League for Nursing, 1972). Accreditation for a specialty education program such as nursing was established to ensure a high quality education was provided, to protect the interests of the educational program, and to ensure that members of society receive the benefits of being informed of and receiving care from a well prepared nursing professional (Collins, 1997; Commission on Collegiate Nursing Education, 2009; Ellis & Halstead, 2012; National League for Nursing, 1972, 1975).

The history of nursing education accreditation and the effects of accreditation process on policy will be covered in this section.

Nursing education accreditation history. Accreditation of professional health education programs began with medical schools in 1910 when Abraham Flexner created a report in response to concerns about the low quality of medical schools (Norcini & Banda, 2011). The Flexner report resulted in the successful reformation of medical schools through accreditation. Following in the steps of the medical schools nursing education programs began accreditation activities in the 1920s through several profession organizations (Accrediting Commission for Education in Nursing, 2013; National League for Nursing, 1972).

Nursing accreditation became more centralized in the late 1940s with the creation of the National Nursing Accrediting Services. In 1952, the function of nursing education accreditation became the domain of the newly created National League for Nursing (NLN) organization (Accrediting Commission for Education in Nursing, 2013; NLN, 1972). The NLN accrediting organization enjoyed the approval of the United States Department of Education, which linked the accreditation of nursing education programs with Title IV and HEA federal funding (Accrediting Commission for Education in Nursing, 2013). National nursing education program accreditation process and governing body remained unchanged until late in the twentieth century with emergence of a second accrediting organization developed by the American Association of Colleges of Nursing (AACN; Commission on Collegiate Nursing Education, 2009).

The AACN formed a new accrediting organization in 1996 called the Commission on Collegiate Nursing Education (CCNE; 2009). The CCNE was developed to challenge the existing state of affairs of multiple levels of nursing education preparation that included diploma, licensed practical, associate, baccalaureate, and advanced practice nursing. The focus of the

newly formed and federally approved CCNE accrediting body is baccalaureate and graduate degree nursing education. Regardless of which accrediting organization nursing education programs select to be members of, the goals and requirements of the special accreditation are very similar (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009).

Nursing accreditation process and policy. The overall process of nursing education program accreditation is engaged in on a voluntary basis with an overall goal to (a) enhance quality improvement in the education of future nurses, (b) ensure education program effectiveness, and (c) assure future employers and the public that students graduate from a high quality program (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009; NLN, 1972; Tanner, 2013). Benchmarks that are utilized to measure the above goals include a high percentage of first time pass rates on the licensure examination, low student-faculty ratios, credentials of faculty members, and the ability of nursing education programs to be self-governing (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009). Additionally, nursing accrediting organizations serve as gatekeepers for federal funds for students and for professional licensing.

Nursing education programs and their executive directors face many demands that other higher education disciplines (Santos, Frander, & Hawkins, 2013). National program and state board of nursing accreditation while labeled voluntary are essential for nursing education programs in terms of program reputation, financial resources, and viability (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009; Ellis & Halstead, 2012). Nursing students rely on nursing programs to be accredited to ensure they can procure federal education funds, take the licensure exam, and continue their education at a graduate level (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009; Ellis & Halstead, 2012). Nursing

education executives understand the need for accreditation but may find it difficult to align the requirements of various stakeholders. The multiple and often conflicting layers of accreditation add to the complexity of the policies that nursing education executive directors must successfully manage. Next, the theoretical framework that will guide this study will be outlined.

Theoretical Framework

Critical theory, Watson's theory of human caring, and values framework for politics and the policy process theory will be utilized as a theoretical framework to understand the experiences of nursing education executives as they navigate the challenges of leadership and policy. The lack of leadership opportunities and skills diminishes the power and capacity required to influence, create, and implement policy. How critical theory and feminist theory can provide a framework for nursing education executives to understand why their opportunities to lead and influence their own profession have been and continue to be limited will be outlined in the next section.

Critical Theory and Feminist Theory

Critical theory's origins can be traced to the principles of Marxism that focused on the merger of philosophy and social science (Cody, 1998; Daly, 2013). Marxism encouraged a rational evaluation of a capitalistic economy and its effects on culture and society. Marxism considered capitalism as being a power structure that was formed by class oppression instead of fostering an unrestricted and fair environment that facilitated freedom for individuals (Cody, 1998; Daly, 2013). Finally, Marxism held that individuals would spontaneously revolt against capitalism when they realized it offered the illusion of an open and fully participatory market but in reality delivered an oppressive power-based structure (Daly, 2013).

Critical theory was further developed by the Frankfurt School philosophers that included

individuals such as Max Horkheimer, Walter Benjamin, Erich Fromm, and Herbert Marcuse (Daly, 2013; Swartz, 2014). These men believed that more than an intellectual exercise in rationality was needed to trigger the revolt that would overthrow capitalism and its inherent oppression based on class. They endeavored to develop a theory that would bring change through rationality and political action known as reflective engagement (Cody, 1998; Daly, 2013).

The phenomenon referred to as false consciousness was developed by Friedrich Engles and was incorporated into critical theory (Çelik, 2012). False consciousness refers to the inability of people in oppressed classes to perceive that the dominant class in a capitalist society creates an environment that is inequitable and abusive. The oppressed had been socially, educationally, and culturally indoctrinated to assume that the interests and views of the dominant class were reasonable, normal, and desirable (Çelik, 2012; Daly, 2013; How, 2003). The overall goals of critical theory were to protect the oppressed classes from false consciousness and to facilitate the development of a society that freed all classes from the hegemony of the dominant class (Cody, 1998; How, 2003; Swartz, 2014).

The work completed by Habermas advanced critical theory by exploring the types of knowledge that people use to understand truth in social and cultural contexts (How, 2003; Swartz, 2014). Habermas identified three types of knowledge that included empirical-analytic knowledge, historical-hermeneutic knowledge, and emancipatory knowledge (How, 2012). Empirical-analytic knowledge also referred to as technical knowledge focuses on controlled observation and experimentation. This method relies on objectivity, cause and effect, and predictability in understanding the social environment. Historical-hermeneutic knowledge or practical knowledge is based on interpretation of the social setting (How, 2012). This approach

to uncovering knowledge considers facts, especially written text and language not as objective data but as sources of meaning for the interpreter (How, 2012; Swartz, 2014).

Habermas (1968) acknowledged that both technical and practical knowledge were valid. However, they were inadequate in achieving the goal of critical theory: freeing all classes from the domination through power inherent in capitalist social-cultural structures. Emancipatory knowledge, the third type of knowledge, is crucial to free individuals from domination. Emancipatory knowledge is gained through self-reflection; individuals must critically reflect on their how they perceive themselves, their roles in society, and the social expectation placed upon them (Habermas, 1968; Swartz, 2014). This critical self-reflection permits individuals to recognize their false perceptions based on cultural and societal norms that will hopefully result in a paradigm shift in the understanding of the true cause of their problems. Once emancipatory knowledge is gained by people who are oppressed they are transformed and actively seek to change to power structures that dominate them (Habermas, 1968; Swartz, 2014).

Feminist theory was developed in the mid-1900s to understand from a female point of view how the meaning of gender is created and functions as one of the defining structures of society (Daly, 2013). Feminist theory scholars utilized work completed by both the Frankfurt School philosophers and Habermas. Components of feminist theory can further inform the unique challenges that nursing education executives deal with when working with policy.

Letherby (2003) stated that Western society has a patriarchal structure and by extension much of what is considered genuine and valid knowledge is masculine and excludes women's perspectives and contributions. The ongoing domination of knowledge by men places them in a position of privilege and power; perpetuating the patriarchal characteristics that govern cultural and societal issues. Additionally, the masculine knowledge is further legitimized and reinforced

through a society's language, literature, media, science, and religion (Daly, 2013; Letherby, 2003). Feminist theory highlights the cultural and societal structures that only value male knowledge and thus marginalize and deprive women of power.

The tenets of critical theory and feminist theory can be applied to the nursing profession because it comprises mainly women who are members of a dominated class on the basis of their gender. The dominant White male societal structure present in both the medical profession and the higher education environment has resulted in nursing education executives that maintain the social status quo while being dominated, oppressed, and unable to influence policies that guide the profession (Bent, 1993; Findlow, 2012).

Nursing has made strides in taking control of their profession by removing the formal education of nurses out from under the control of the paternalistic medical system. However, nursing education executives still struggle for influence and power within the administrative structure of higher education. Higher education is still dominated by men and therefore provides legitimacy, normalcy, and power to the male perspectives on organization and leadership (Allan, 2011). The overriding value of caring can also assist in understanding how nursing education executives experience the policy process and will be discussed in the next section.

Watson's Theory of Human Caring

Watson's theory of human caring is based on the supposition that caring is central to nursing (Neil & Tomey, 2002). The care theory was developed in response to a clinical nursing environment that emphasized control and manipulation of the patient. Therefore, a main tenet of Watson's theory of human caring is the belief that nurses are not to control or manipulate others but to understand and develop a relationship with them. The three relationship factors that form the foundation of the theory include the following: (a) developing a value system that is based

on giving and extension of self, (b) the building of nurse-patient relationships that instill hope, and (c) the recognition of the feelings of self and others that leads to a better understanding of self and others (Neil & Tomey, 2002). Watson developed 10 caritas that she considered the core of nursing.

The caritas are guidelines that nursing utilizes to facilitate the essential functions of restorative healing and relationships (Watson & Woodward, 2010). The 10 caritas include the following:

> (1) Formation of humanistic-altruistic system of values, (2) instillation of faith-hope, (3) cultivation of sensitivity to one's self and to others, (4) development of a helping-trusting, human caring relationship, (5) promotion and acceptance of the expression of positive and negative feelings, (6) systematic use of a creative problem-solving caring process, (7) promotion of transpersonal teaching-learning, (8) provision for a supportive, protective, and / or corrective mental, physical, societal, and spiritual environment, (9) assistance with gratification of human needs, and (10) allowance for existential-phenomenological spiritual forces. (Watson & Woodward, 2010, p. 370)

The caritas and caring model assists nurses in developing relationships with others that are based on compassion and healing.

The concepts of nursing and caring are almost synonymous and many within the nursing profession place the ethic of caring above other professional concerns such as autonomy and power (Abood, 2007; Antrobus, 2003). The values of power and autonomy are closely associated with the biomedical model of healthcare by nurses and are considered limiting to their practice (Abood, 2007; Mason et al., 2007). Abood (2007) highlighted that nurses feel uncomfortable and unprepared when stepping outside their comfort zone of care and moving into

the role of a leader and advocate with legitimate power in the political arena.

Nursing leaders who transition into the role of leader in the realm of policy and politics are fulfilling their caring mission. The willingness and ability to solve problems and provide a protective and supportive environment are important dimensions of the value of care that can result in more control over the policies that regulate the clinical and educational components of nursing. In the next section the last component of the theoretical framework for this study, values framework for politics and the policy process theory will be reviewed.

Values Framework for Politics and the Policy Process Theory

The process of creating and implementing policy is dynamic and reflects the values of those involved in the process (Mason et al., 2007). When the stakeholders involved in creating policy have differing values and beliefs, conflict becomes part of the process. Those who disagree then attempt to influence the outcome of the policy through politics. Therefore, in the domain of policy the actual process is intimately connected to the stakeholders' values, beliefs, and political expertise.

This process mentioned above is clarified by the values framework for politics and the policy process theory. Mason et al. (2007) outlined the six steps of the policy process that include an agenda, goals, alternatives, policy, implementation, and evaluation. Throughout each of these six steps the values of the participants and the resulting conflict and politics are in constant play. The leaders within nursing who engage in the policy process and accept the reality of conflict can use their own beliefs and values to shape the character of policies through each step of the process (Mason et al., 2007).

The values framework for politics and the policy process theory also outlines that those within the nursing profession need to be politically active in multiple spheres that include the

workplace, the community, professional organizations, and the government (Mason et al., 2007). Each sphere has different policies issues such as the number of patient assignments and hours worked in the workplace. However, each sphere is interconnected and has policy areas that overlap. Nurses' ability to be change agents and their effectiveness in the policy process in one sphere may be dependent upon their involvement in the other spheres.

Critical theory, feminist theory, Watson's theory of human caring, and the values framework for politics and the policy process theory will be utilized as a theoretical framework for this study to assist in understanding the policy experience of nursing education executives. Elements from each theory are present in the nursing profession such as marginalization, the value of caring, and the use of values to make decisions. The next section of this chapter will summarize the key points of the literature review.

Summary

The ability to influence and direct policy is an essential skill for nursing education executives in the higher education environment. The literature highlights the reality that nursing education leaders struggle with successfully navigating the policy process. There are several issues that contribute to the challenges that nursing education executives experience in the policy process. Policy is a complex process where there is a lack of consensus on an approach that is effective. Policy theories and implementation models are structured to favor a particular organizational structure or political viewpoint (Nilsen et al., 2013; Weible et al., 2009). The lack of consensus contributes the challenge nurse education executives encounter when managing policy.

The nursing profession has had difficulty in developing the capacity for political leadership and wielding power that is essential to being effective in influencing policy process

(Abood, 2007; Antrobus, 2003; Kenny, 2003; Nault, 2012). Power is the currency used to influence policy (Bess & Dee, 2008b; Leavitt, Cohen, & Mason, 2007; Raven, 2008). Nursing education executives have access to the many sources of power and can become more successful as policy makers when they understand and use that power. Additionally, the social constructs of gender and power can limit the ability of nursing education executives to be effective in the world of policy (Abood, 2007; Leavitt, Cohen, & Mason, 2007).

The opportunity to lead and the style of leadership that nursing education executives utilize is based on the reality that most are female. Women are as qualified as men to assume leadership roles but are still underrepresented due to socially constructed gender roles (Duehr & Bono, 2006; Northouse, 2013). Although there is little difference between how men and women lead, female leaders prefer a leadership style that is democratic, participatory and collaborative (Antonaros, 2010; Chin, 2011; Northouse, 2013; Zulu, 2011). The issues of gender and the associated style of leadership directly impact the capacity of nursing education executives to direct policy.

Culture is another factor that effects how any person leads. Effective leaders understand the culture of the organization in which they work (Kempner, 2003; Tierney, 1988). Interpretation of events within an organization, the deliberate use of symbols, and communication that is congruent with the institution's culture enhances the ability of nursing education executives to shape and influence policy (Bennis & Nanus, 1997; Birnbaum, 1992; Tierney, 1988). The structure of an organization has a direct link to leadership style and effectiveness (Bolman & Deal, 2008; Birnbaum, 1988). Higher education institutions have a combination of anarchical, bureaucratic, collegial, and political organizational structure. Individuals who understand the structure of the organization in which they lead are better

prepared to influence and direct the policy process (Bess & Dee, 2008a, 2008b; Birnbaum, 1988).

The necessity of accreditation that is required for higher education institutions and the special program accreditation for nursing programs adds to the complexity of managing policy for nursing education executives. Additional State Board of Nursing requirements add yet another layer of conditions that nursing education executives must contend with when influencing and implementing policy The multiple demands of external and internal stakeholders might add to the challenges experienced by nursing education executives.

The history of nursing education that began under the patriarchal authority of the medical profession and then transitioned to a similarly structured higher education environment adds to difficulties that nursing education executives experience with policy (Findlow, 2012; Goldmark, 1923). Additionally, the dearth of political and leadership education in nursing education programs place nursing administrators at a disadvantage in the policy process (Antrobus, 2003; S. S. Cohen et al., 1996). The issues that have been outlined as possible challenges for nursing education executives in navigating the policy process will be examined through a theoretical framework that includes critical theory, feminist theory, Watson's theory of human caring, and the values framework for politics and the policy process theory.

CHAPTER 3

METHODOLOGY

This chapter will provide a description of the research methodology and design selected to describe the experiences of nursing education executives in guiding and managing the policy process. It also contains an explanation of the role of the researcher, sample characteristics, human rights protection, pilot study, and data collection. Finally, this chapter will outline the instruments that were utilized as well as the data analysis methods.

Research Methodology and Design

The purpose of this study was to examine the experiences of higher education nursing executives in guiding and managing the policy process within higher education. Nursing's history of being absent or ineffective in influencing and guiding policy that directly affects their practice in both the educational and clinical domains underlies the study's purpose. This study was designed to uncover the meaning of the policy process for nursing education executives through the use of interviews and observations in an attempt to answer the following questions:

1. What characteristics and skills do higher education administrators in nursing education believe are essential in influencing the policy process?
2. What organizational features do higher education nursing executives believe impede or facilitate their ability to influence the policy process?

Therefore, this study is categorized as a qualitative study. According to Merriam (2009)

and Creswell (2009), qualitative research uses interviews, observations, and documents to develop an understanding of how people interpret, construct, and define the meaning of their experiences.

The research design of this study was a basic interpretative qualitative study that also utilized the collective case design. The main purpose was to uncover and understand the individual skills and characteristics, and organizational features that impeded or facilitated the policy process. The basic interpretative design was appropriate for this study that had a goal of understanding how the participants made meaning or interpreted a situation or phenomenon (Merriam, 2009). It uses an inductive approach, collecting data from interviews, observations, and document analysis (Creswell, 2009; Merriam, 2009). The collective case study structure is effective in illustrating an issue and highlighting differing perspectives on the issue (Creswell, 2007).

Researcher Role

I am a nurse education instructor and program director at a mid-sized public university. I have been a nurse for seven years and a nurse educator for five years. The current responsibilities of my job require that I work with policy on a regular basis. I have often experienced frustration when trying to create and implement policy within the nursing education program where I am employed.

An example of the difficulties I have experienced with nursing education policy follows. Currently, in the state where I work there is a mandate from the higher education commission to improve access, retention rates, and completion rates of the students in higher education. Institutions and educators have been asked to make changes in existing practices and policies to assist students in the above mentioned areas. However, for nursing education the special

program accreditation body requires that each accredited nursing program have very high first-time licensure pass rates. In reality, this accrediting policy requires that nursing education programs dismiss students who are not likely to pass the licensure exam on their first attempts or risk losing their accreditation. These two external stakeholders have goals that are incongruent and present challenges to nursing education administrators.

It might appear to some researchers and nursing professionals that my beliefs and experiences might affect my expectations for this study. However, I am aware of my biases towards nursing, higher education, and the policy process. I have become well informed on the complexity of higher education through my doctorate studies. Additionally, through my own practice as a nurse, I have developed an appreciation for the need to have competent nursing graduates who can meet the needs of high acuity patients in a complex environment. To avoid bias in this study, I relied on peer examination and other validation methods such as keeping a reflective journal.

Sample

The decision of the type of sample for a research study is based on the purpose and the design of the study (Merriam, 2009). The researcher needs to carefully evaluate the sample or unit of measure characteristics. For this qualitative study, a non-probability purposive sampling process was selected to facilitate the discovery of what occurs when nursing education executives engage in and then make meaning of the policy-making process. In this section, the sample traits, sample size, setting, and sample recruitment methods will be reviewed.

Sample Traits

The participants for this study included nursing education executives from public, private, and for-profit higher education two-year and four-year Midwestern institutions. A

nursing education executive is defined as an individual who serves as the director of a nursing education program within a higher education institution. The individual is responsible for managing all aspects of a nursing education program and has been granted the power, time, and assets to execute the role (Accrediting Commission for Education in Nursing, 2013). This person is often referred to as a dean in many higher education institutions.

More specifically, nursing education executives who have worked as executives within higher education for two or more years in the Midwestern geographical area were contacted for inclusion in this study. The criteria of having two or more years of experience is based on Benner's (1982) nursing theory "From Novice to Expert". Benner stated that it takes two to three years for nurses to become proficient in their area of practice; proficiency is delineated by self-awareness of long-term goals and an emerging comprehensive perspective from shaping their own actions based on critical thinking to achieve greater capacity and organization. The participants for this study had a range of 11 to 42 years of experience in the nursing profession and 4 to 19 years of experience in nursing education administration. The Midwestern geographical location chosen for this study was based on a higher than average concentration of all levels of nursing education programs in the area (NLN, 2012).

Sample Size

Purposeful or purposive sampling techniques are used in qualitative research in order to focus on the perspectives of individuals who are known to have experience with the phenomenon of interest in the study (Merriam, 2009). The goal of this type of study is to develop a thorough understanding of the individuals' experiences rather than to be able to generalize the findings to the population (Creswell, 2009; Merriam, 2009). Thus, I interviewed 11 nursing education executives who have been in the executive position for two or more years at an institution of

higher education. The last two participant interviews did not uncover any new themes; thus, additional interviews were not completed because thematic saturation had been reached (Merriam, 2009).

Sample Setting

Participants were recruited from five different higher education institution settings in the Midwestern area of the United States including nursing education programs from (a) private higher education institutions, (b) public higher education institutions, (c) for-profit institutions, (d) two-year institutions and (e) four-year institutions. The variety of higher education institution settings is congruent with maintaining credibility of data by utilizing many data sources (Denzin, 2006). Additionally, the use of institutions and programs that are divergent offered maximum variation or a broad variety of experiences of interest for the study (Merriam, 2009). Tables 1 and 2 provide basic demographic information on each of the participants.

Table 1.

Participant Demographics

Name	Gender	Ethnicity	Years in Nursing	Years in Administration	Institution Type	Program Type
Ann	Female	White	31	5	Public	4 Year*
Elizabeth	Female	White	41	17	Public	4 Year
Florence	Female	White	39	5	Private	4 Year
Foundation	Female	White	36	5	Public	4 Year*
Mary	Female	White	28	18	Public	4 Year
Melissa	Female	White	11	4	For-Profit	2 Year
Olivia	Female	White	42	15	Public	4 Year
Phyllis	Female	White	40	9	Private	4 Year*
Sarah	Female	White	26	19	Public	2 Year
Wanda	Female	White	39	5	Private	4 Year*
Wilma	Female	White	42	9	Public	4 Year

Note. *Denotes 4-year institution that does not offer graduate degrees in nursing.

Table 2.

Participant Education Level and Supervisor

Name	Level of Education	Gender of Supervisor
Ann	Doctorate	Male
Elizabeth	Doctorate	Male
Florence	Doctorate	Female
Foundation	Doctorate	Male
Mary	Doctorate	Male
Melissa	Masters	Female
Olivia	Doctorate	Male
Phyllis	Masters	Female
Sarah	Doctorate	Male
Wanda	Doctorate	Male
Wilma	Doctorate	Female

Note. *Gender is for immediate supervisor.

The physical setting for the interviews was selected by the participants. Interviews were completed in the offices of seven of the participants, two participants were interviewed using current phone and computer technology, one participant was interviewed in my office, and one participant was interviewed at a restaurant of her choice. The interview setting was selected with the goal of providing a sense of privacy, comfort, and personal space for the participants. The interview settings provided an environment where the participants felt that they had more control and were able to engage in a genuine manner in the interview process (Fern, 2001; Taylor & Stough, 1978).

Sample Recruitment Methods

A variety of methods were employed to recruit participants for the study. A list of potential participants was created by searching the American Association of Colleges of Nursing database, by reviewing individual states' deans and directors of nursing public databases, and by networking. The potential participants were contacted initially by e-mail, by phone, or in person with a brief description of the study and a request to participate in the study (see Appendix A).

All participants who agreed to participate in the study were then contacted by e-mail or a telephone call to schedule an interview appointment. The recruitment effort resulted in the scheduling of 11 interviews.

Human Rights Protection

This study was approved by the Institutional Review Board at Indiana State University in compliance with institutional ethics standards and federal regulations to protect human subjects' rights. Informed consent (see Appendix B) was obtained from each participant when the interview was scheduled or just prior to completing the interview. Any questions or concerns that a participant might have had was answered to the scheduled interview time by email, phone, or in person.

Upon agreement to participate in the study, all participants were guaranteed confidentiality by the assignment of a pseudonym name in place of their real names; the pseudonym name was used on all correspondence and documents. All electronic, audio, and paper documents were stored on an encrypted flash drive or kept in a locked file cabinet located in my office. I am the only individual who had access to the documents. If at any time through the study a participant had requested to withdraw from the study, her data on paper would have been shredded and any recordings and e-mails would have been deleted or erased. No participant withdrew from the study. Participant confidentiality was assured by conducting the interviews in a private setting that was selected by the participant.

Pilot Study

Prior to the beginning of the study, a small pilot study was completed. Two people were interviewed using the semi-structured protocol interview questions. The pilot study participants had the same inclusion and exclusion criteria: nursing education executives at higher education

institutions who have been in that role for two or more years. The analysis of the data collected focused on any flaws or weakness of the interview design with the goal of revising the interview design and refining the interview questions prior to the implementation of the study (Turner, 2010). The pilot interview results indicated that the design and interview questions were appropriate for the study's purpose.

Data Collection Procedure

After obtaining consent from the participants, interviews were conducted with the participants at an agreed-upon time and place. Each interview took approximately 60 to 90 minutes and each was audio recorded. Audio recording ensured the capture of verbatim quotes and permitted both the participant and myself to be fully engaged in the interview. Upon completion of the interview I transcribed the audiotape. Other data that were collected during the study included public data related to the participants' institutions, to any significant policy initiatives linked with the participants' institutions, and the compilation of a reflective journal. The reflective journal allowed me to describe my feelings, thoughts, and insights about the study as it progressed (Merriam, 2009).

Trustworthiness safeguards for the data collection process included (a) asking the questions of all the participants in the same manner, (b) utilizing an easy-to-answer question at the beginning of the interview to put the participant at ease, (c) conducting all interviews in an environment that the participants selected, and (d) assuring the participants that their responses will be anonymous using pseudonyms they self-select (Lincoln & Guba, 1986).

Merriam (2009) stated that effective high quality interview questions are open-ended and have the capacity to generate descriptive data. Additionally, she stated that ideal positioning questions can prompt both information and opinions from participants. In accordance with the

above best practices, the semi-structured interview protocol for this study was created using open-ended ideal positioning questions (see Appendix C) The interview protocol was developed using a map to link the interview questions as data collection back to the research questions (see Appendix D). An expert on policy reviewed the interview protocol and adjustments were made to the questions based on his feedback. Table 3 illustrates the connection between the research questions and the interview questions.

Table 3.

Research Questions and Related Interview Questions

Research Question	Interview Question
R.Q. 1	I.Q. 1 Tell me about the professional path that has brought you to your current position in higher education. I.Q. 2 Prior to your current position, have you been involved in policy creation and implementation? If yes; how did that experience compare to your current experiences with policy? I.Q. 3 Describe your approach to influencing the creation and implementation of policy. Probes: organized structural approach, intuitive approach, alliance approach. I.Q. 4 Tell me about the skills or personal traits you utilize when working on policy. Probes: most important skills, traits that are beneficial. I.Q. 5 Describe how you were prepared to assume a leadership position and manage policy issues. Probes: education provided at undergraduate, graduate, employment level, or mentoring relationships. Follow up question —Does the nursing program you are currently employed by provide political leadership classes/training for nursing students? I.Q. 11 Could you list the five most important skills, traits, or factors that you believe are essential for the successful influencing, creating, or implementing policy? I.Q. 12 Before I turn off the voice recorder (finish the interview), is there anything else you would like to add?
R.Q. 2	I.Q. 6 Describe the process(es) your executive nursing committee utilizes when working on policy (if applicable). Probes: consensus, political, or structural. I.Q.7 Tell me about the process your institution employs for creating and implementing policy. Probes: hierarchal (top-down), bureaucratic (principal-agent), human relations (bottom-up), or political (alliances). I.Q. 8 Tell me about the structural features (if any) of your institution that facilitates the policy process. I.Q. 9 In what ways do the structural features of your institution impede the policy process I.Q. 10 Has the method of policy creation and implementation utilized by your institution affected the way you feel about the institution? Follow up – if the answer is yes, how has it affected your feelings or relationship with the institution?

Note. R.Q. denotes research questions; I.Q. denotes interview question.

The interview questions associated with research question 1 in Table 3 were created with the goal of eliciting responses from participants related to their experiences and beliefs about essential skills and traits needed to be effective in influencing, creating, and implementing policy. The interview questions in Table 3 connected with research question 2 were crafted in such a manner as to elicit responses related to their experiences and beliefs about structural features that either facilitate or impede the policy process.

Data Analysis

Prior to the analysis of the data the interview transcripts were transcribed. The process of transcribing allowed me to become intimate with the data (Creswell, 2009; Merriam, 2009). Microsoft files were created for the interview transcripts, notes, and documents. All files are password protected. The files are stored on a laptop computer that is password protected.

Each interview transcript was reviewed within a month of the interview and the data assessed for overall meaning and information. The data analysis was completed by the utilization of the technique of content analysis (Merriam, 2009). The unit of analysis was themes and recurring patterns of meaning. This process involved the grouping of raw data based on frequency and emotional salience (Namey, Guest, Thairu, & Johnson, 2007). Emotional salience of the data was noted by the observed emotional reactions of participants when they were interviewed. The qualitative software ATLAS.ti 7 program was utilized for data management and analysis.

Thematic analysis was completed by the utilization of guidelines set forth by Braun and Clarke (2006) that provided an in-depth, exhaustive, and complex account of the data. The guidelines included the following steps: (a) familiarization with the data, (b) creating initial

codes, (c) immersion into the data through reading each transcript, (d) reviewing themes, (e) identifying and describing themes, and (f) producing the report.

Additionally, reduction of themes was accomplished by assigning each interview question and associated prompts a code number that was then linked to the question and subsequent responses in a data file (Namey et al., 2007). Another component of reduction of themes was the utilization of concept mapping. The use of concept mapping allowed me to capture and visually display the meaning of the participant interview data and the immerging themes; connecting different areas of the study and consolidating the themes (Daley, 2004).

Though qualitative research is often viewed by scientific researchers as vague, undefined, and lacking validity by research scientists, there are strategies available that can be employed to safeguard the credibility of the findings (Carlson, 2010; Creswell, 2009; Lincoln & Guba, 1986; Merriam, 2009). Qualitative researchers can utilize a variety of procedures to ensure that their studies are rigorous and reliable. This study used the strategies of creating audit trails, researcher reflexivity, triangulation, peer examination, rich and thick description, and member checking (Carlson, 2010; Lincoln & Guba, 1986).

Audit trails that included the keeping of interview notes, journals, calendars, audiotapes, and drafts of interpretations for five years were completed. Research reflexivity was used by clearly outlining my biases that could have affected the interpretation of the data including (a) that I work in higher education as a nurse educator and (b) have experience in the policy process. Additionally, research reflexivity was completed by keeping a journal that recorded my beliefs, uncertainties, and thoughts that occurred throughout the study (Lincoln & Guba, 1986). The data was triangulated with different forms of data collected during the study (i.e., interviews, documents, and reflective journal entries).

Peer debriefing was completed by my peers in higher education, nursing, and members of my doctorate cohort who were familiar with both policy and qualitative research methods. A thick and rich description was provided by the presentation of the narrative of the participants while describing each theme. Finally, member checking was completed with each participant to ensure that interpretation of the data was congruent with their experiences.

Summary

This chapter presented the basic interpretative qualitative design that was utilized to develop an understanding of the experiences of nursing education executives as they relate to the policy process. The role of the researcher, the characteristics of the sample, and human rights protection processes were outlined. The process of data collection including the pilot study, interview questions, and trustworthy safeguards were discussed. The data analysis process, which included an inductive approach to analyzing the data and measures was utilized to ensure credibility and trustworthiness, were examined.

CHAPTER 4

PARTICIPANTS AND RESULTS I

A variety of issues, such as the history of nursing, gender, decision-making preferences, competing demands, and scarce resources, confront nursing education executives as they navigate the policy process within higher education. These issues often limit the ability of nursing education executives to meet the needs of students, the faculty, the program, the institution, and the public. The purpose of this study was to develop an understanding of the factors nursing education executives believe are essential in influencing, creating, and implementing policy. The research questions that guided the study follow:

1. What characteristics and skills do higher education administrators in nursing education believe are essential in influencing the policy process?
2. What organizational features do higher education nursing executives believe impede or facilitate their ability to influence the policy process?

This chapter will provide descriptions of each of the individuals who participated in the study and the themes that emerged from the analysis of the data. Participant descriptions will be outlined in the following section.

Participant Description

The individuals who participated in this study were nursing education executives or deans of nursing programs at Midwestern higher education institutions as defined earlier in Chapter 3. Basic demographical data on each participant that includes years in nursing, years in nursing education administration, race, gender, institutional type, program type, highest degree earned, and the gender of immediate supervisor are located in the previous chapter. Participants selected pseudonyms for this study. A brief description of each participant will now be provided.

Ann

I met with Ann in her office during her institution's spring break week. She is the dean of the nursing program at a public higher education institution that offers nursing degrees for LPN, ASN, and registered nurse to bachelors of science in nursing (RN to BSN). Ann is a White woman who has been a licensed nurse for 31 years and a nursing education administrator for five years. In addition to managing the nursing program, Ann is the dean of the College of Health Sciences and Human Performance at her institution.

Prior to working in academe, Ann was a clinician in the intensive care environment. Ann progressed through the ranks of nursing education in the traditional manner. She began as an adjunct faculty member, became a fulltime faculty member, advanced to the chair of the nursing program, and then dean of the college. When I met Ann, she was very welcoming and caring. She offered me a drink and was concerned that I was comfortable throughout the interview. Her office was warmly decorated and very organized with her diplomas and certifications displayed. Her office reflected both her caring and professional attributes.

Elizabeth

Elizabeth is a White woman who started her nursing career in the armed forces, transitioned to public health, and then decided to move to nursing research and education. She is the dean of a public 4-year institution that offers nursing degrees in baccalaureate of science in nursing (BSN) and advanced practice nursing (APN). As I spoke with Elizabeth it became apparent that she is a forthright person who is analytical and self-reflective. Her character was illuminated by a statement she made about preparation for leadership. Elizabeth indicated that leadership preparation was about as useful as birthing classes were to a woman in the middle of labor just wanting to get through it. She felt the best leadership preparation was learning from past experiences, trial and error, and being genuine.

Florence

Florence leads a nursing program at a private religious-based four-year institution that offers nursing degrees in RN to BSN, BSN, and APN. She is a White woman who has been a nurse for 39 years and in nursing education administration for five years. She is one of two participants whose original nursing education was linked with a diploma program.

We met for the interview in her office, which was located in a new building on which construction was still being completed. The campus was beautiful and peaceful; it fit the image I had in my mind for a religious institution. Florence has traveled and practiced internationally and has a passion for spirituality and transcultural nursing. Her clinical practice is centered on long-term care nursing.

Florence has been at the helm of her institution's nursing program during a time of rapid growth and innovation. She has been instrumental in developing new degrees and new methods of instruction including online distance education. She is a pioneering leader who shares her

passion for nursing with long-time acquaintances and those she has just met. Florence models both her professional and personal life in her strong religious beliefs.

Foundation

Foundation arranged to meet with me in my office on a day when she was in town taking care of personal business. She made time in her busy schedule for our interview, which illustrates her commitment to nursing and to research. Foundation is a White woman and has been the executive director of a nursing program at a public institution for five years. The higher education institution where she is employed offers an RN to BSN degree.

However, she has 36 years of nursing experience, some of which was as a director in a healthcare organization. Her clinical experience in nursing includes critical care, trauma, and surgery areas. Foundation still practices in the clinical environment, maintaining what she refers to as a well-rounded career.

She has a wonderful sense of humor as evidenced by her choice of Foundation for her pseudonym because of an inside joke at her place of employment. Foundation has a love of administration and policy that was apparent by her enthusiasm throughout our interview. She mentioned that one of the reasons that she was drawn to a higher education administrative position was the opportunity to "make policy and influence the resources that you need to get policy enacted."

Mary

Mary is the dean of a nursing program at a public four-year institution. She is a White female who has been in nursing for 28 years and a nurse education administrator for 18 years. Her institution offers nursing degrees in ASN, BSN, and APN. Her clinical practice includes working as a staff nurse and as an educator in a hospital system.

Mary invited me to her office to complete the interview. Her office was stylish and equipped with modern furniture. The building where her office is housed is new and has a contemporary design. I discovered that Mary was instrumental in negotiating the funding of the building with both internal and external stakeholders. Mary is a determined person who strives to provide the best learning atmosphere for the faculty and students as evidenced by her program's new building and a state of the art simulation laboratory.

Mary is a busy executive who multi-tasks well. During the interview she was interrupted by a phone call on a couple of occasions and was able to continue the interview with ease. Additionally, she is organized and thoughtful as demonstrated by her emailing me a few documents on policy about a week later; she believed I would find the documents with her comments interesting.

Melissa

Melissa was the youngest nursing education executive and had the fewest years of experience in an administrative role of the individuals interviewed. She leads a for-profit nursing program that offers LPN and ASN degrees. Melissa is a White woman who has been in the nursing profession for 11 years and in nursing education for four years. She is soft spoken, energetic, and has a well-organized office that demonstrates her approach to leading her program. Melissa let me know at the beginning of the interview that we might be interrupted by people seeking her input which did happen. She quickly and efficiently assisted those individuals who needed her assistance and then quickly returned to our interview.

Her program had just implemented a new student handbook that involved the creation and revision of many policies with the goals of improving NCLEX pass rates, student learning outcomes, and professionalism. As we finished the interview, she accompanied me to the front

entrance of the building. Along the way we met several students whom Melissa stopped and spoke to. She knew each of the students by name and offered them encouraging words. These actions reinforced Melissa's calm energy and caring attitude for nursing education.

Olivia

I interviewed Olivia in her office at her place of employment. Her office was spacious and inviting. Olivia is a White woman and has been a nurse for 42 years and in the role of nursing education administrator for 15 years. She is in charge of the nursing program at a public four-year institution that offers BSN and APN nursing degrees.

She appeared to be lighthearted as illustrated by her telling me it might take more than an hour to go over her career history. She also humorously attributed her choice of career in nursing education to trying to find a place to live that was midpoint between the East Coast and the Midwest. Her humorous demeanor belied her depth of experience and understanding of the higher education environment.

I was impressed with Olivia's knowledge of the changes that are occurring in healthcare at a national level and how they might affect the programs she manages at her institution. She is a strong advocate for understanding the environment external to the institution. Olivia let me know that she networks and attends multiple conferences to stay abreast of what is going on in both healthcare and higher education.

Phyllis

I met Phyllis at a restaurant of her choice to conduct the interview. We enjoyed Italian cuisine while we discussed policy. Phyllis has been in charge of a nursing program at a private four-year college and is in the process of retiring. Her institution offers a BSN nursing degree.

Phyllis is a White woman and has been a nurse for 40 years and in nursing education administration for nine years.

She started her nursing career in long-term care and the hospital environment. Phyllis then transitioned into higher education when she needed to relocate. Phyllis also has experience in a high school vocational program, which she found truly interesting. She was the other participant who started her nursing career with a diploma nursing degree. Phyllis's thoughtful sharing of her experiences underscored her rich history and her dedication to the profession.

Sarah

Sarah is the Vice Chancellor for Academic Affairs and leads the nursing program at a public community college that has multiple campuses state wide. She is a White woman who has been a nurse for 26 years and in nursing education administration for 19 years. Her institution offers LPN and ASN degrees. Sarah is a high energy person who is actively engaged in several professional committees in addition to her highly demanding job.

Her office, though small, is filled with papers and folders that convey her commitment and her passion for nursing. She laughed at one point, saying that she was organized but had 101 things that she needed to get done. One of Sarah commitments that she spoke of with passion during our interview was working on creating articulation agreements between two year and four-year higher education institutions for nursing education. She hoped the articulation agreements would assist in meeting both the nursing profession's and the public's need for more baccalaureate prepared nurses. This commitment illustrates her desire to be engaged with policy at a state and even national level and to advance the nursing profession through education.

I was impressed when Sarah expressed the desire to continually improve herself as a person and a professional. She said she asks herself every morning what can I do better or how can I improve? She views everyday as a new beginning or a new opportunity.

Wanda

Wanda is an executive director of a nursing program at a private, religious-based four-year institution. She is a White woman who has been a nurse for 39 years and in nursing education administration for five years. Prior to being a nurse educator, she worked clinically as a psychiatric nurse in an administrative position. The institution she works for offers nursing degrees in RN to BSN and BSN.

Her calm and poised demeanor affirms her psychiatric nursing background. We met in her office to discuss policy. Her office is located in an historical building that has high ceilings and ornate woodwork that exudes the history and tradition of both the institution and higher education. These characteristics mirror Wanda's love of higher education traditions such as collegiality and equality.

When Wanda talked about her institution and specifically the nursing programs that she is developing, I could easily perceive her enthusiasm. She also spoke about new faculty that would soon join her and how they would make the program stronger. Finally, she discussed the physical move her program would soon be making on the campus and how it signified a new stage for nursing education at her institution. She has the ability to create and share her vision for the future.

Wilma

Wilma is a White woman who has been in nursing for 42 years and a nursing education administrator for nine years. Prior to becoming a nurse educator, she worked as a staff nurse in a

neonatal unit. She manages the nursing program under the title of Head at a public four-year institution that offers BSN and APN degrees.

Throughout the interview she gave the impression of being a modest person who possessed much wisdom. She indicated that she reluctantly accepted the interim Head position. Wilma said she was unsure if she wanted to step away from the research she had been pursuing but eventually realized that she could use the opportunity to contribute to the profession.

Many of the answers that Wilma provided illustrated she was an educator at heart and had the students' welfare at the center of every decision she made. She is also a strong advocate for being fully and intelligently engaged in whatever you are doing. I came away from our interview feeling reinvigorated. Wilma made me believe that the nursing profession has great potential and a bright future if only we will engage every day at every level. The emerging themes of this study will be discussed in the following section.

Themes

Data collection for this study occurred over a three-month time span at higher education institutions and one restaurant within a 250 mile radius of my home. The individuals interviewed offered a collective 375 years of nursing experience and 111 years of nursing administrative experiences. Additionally, the participants presented a variety of perspectives and were eager to engage in the exploration of policy. As I reviewed and analyzed the data, I was transported back in time to the conversations and experiences the participants shared with me. They told of their successes, events that they remembered with satisfaction and times that were difficult and frustrating. There were five themes that emerged from their conversations about navigating the policy process: (a) collaboration, (b) communication, (c) complex layers, (d) data driven, and (e) political. The theme of collaboration will be examined first.

Collaboration

The intention of approaching a problem or project in a collaborative manner is to bring together individuals with the required information and skills to work through a complex issue and achieve a goal (Dixon, 2007; Northouse, 2013). This approach to policy interfaces well in the academic environment and in the female-dominated profession of nursing. A number of the participants shared that they desired to work through the policy process in a collaborative manner whenever possible.

Open discussion. When discussing the preference of collaboration when working on policy, Wilma described bringing together the involved stakeholders to tackle the issue. Wilma described this preference when she stated,

> If I'm in the process of establishing policy I'm more likely to have a conversation with either the leadership team members or the faculty that are affected. . . . Discuss what might be the best policy to address whatever the issue is we're trying to take care of.

Mary also described her preference for collaboration when working with policy. Additionally, she expressed her desire for the process to open with ample input from those involved with this response,

> I will do the first [policy] draft and then I will put it out to people, that usually moves the process along much faster than if I wait for someone else to do it. And people are well aware that I have no problem with them coming back and saying take this piece, part out, move this around, let's change the wording. I'll say okay let's get some more feedback from everybody else and I'll send out the second draft; let's say here's the suggestions for corrections [and] people like it, don't like it. Then we just sort of do the whole iterative process.

Ann also mentioned collaboration with feedback as the best approach to policy. She communicated this opinion, "If there seems to be a clear path that everybody or most people are [in] agreement that this is the process we need to change, I draft something . . . let people look at it, give me some comments on it."

Buy-in. Nursing education executives have been taught to highly value the concept of having those they work with understand the importance of being invested in a desired or needed change. The role of the nurse involves working with clients on a daily basis who need to be committed to making lifestyle changes to manage their health. Individuals who participated in this study identified the benefit of developing commitment or buy-in of those involved in influencing, creating, and implementing policy. Olivia's experiences on collaboration and the policy process emphasized that without a collaborative process few stakeholders would commit to a policy project and the goal might not be attained. Her viewpoint highlighted the importance of buy-in or ownership that is facilitated with the collaborative process when she said,

> What I attempt to do, what I always attempt to do. I have to step back because my basic philosophical belief is that if you don't get people invested in what you're trying to accomplish you're going to have a very difficult time achieving that goal. So, if I am moving anything forward I tried to be as collaborative as I can possibly be. . . . I think you do have to be collaborative.

Florence, who is employed at a private religious-based institution, echoed the choice of collaboration and the resulting ownership: "I leave that [policy] much more to faculty. I mean faculty need to have ownership on some of the things. . . . Now I think I'm more collaborative and want to hear what other people are saying."

Exceptions. Though most participants did express their desire or intent to utilize collaboration when working with policy, some indicated that there were times when that was not possible or even desirable. Several provided experiences where the characteristics of the problem and the timeframe given to solve it didn't permit the use of collaboration. Florence articulated an example of her previous experiences of using a more authoritarian or direct approach when she recalled,

> January of 2009 we started, we became of school of nursing in July and we had our site in 2009 in November. At that time it was much more authoritative, authoritarian, we have to develop these bylaws; here's the bylaws from [the institution] how do we want to change them? And so I was very directive in it. . . . We probably pressed through much quicker . . . just because you have six months to develop a school of nursing; from zero then finish your self-study.

Wanda shared her experiences, with some humor and laughter, in a clinical environment where collaboration was not effective when working with staff physicians. She had to reassess and adjust her approach to policy change, "Reassessing that group dynamic again. . . . Going with, okay, this is what nursing is doing. . . . A much more directive approach worked fine, never give them a choice."

No silos. The nursing education executives also indicated that collaboration is effective and desirable across departments and institutions. Florence shared that she relies on collaboration when working with other university departments on policy. She emphasized that using the expertise of all the people involved expedites the process and produces the best results when she said,

> When we were developing the school of health sciences and helping with doing their [policies]; so this is what we have in nursing you want to use this and this and then tweak it to make it your own. But don't recreate the by-laws from start; this is how we've done it. So, I'm pretty collaborative.

Mary expanded on the idea of working collaboratively with other organizations and institutions which permitted the sharing of similar experiences and expertise when she stated,

> When we get together as a group we realize that we're all dealing with student performance and retention issues, student attitude issues, helicopter parent issues. You know a lot of these are common and it really helps when we go to another conference and find out [that] oh my gosh people all across the country are dealing with these same issues and sometimes someone has a creative idea how to approach something. And we all write that down and say hey I want to try that because we're all dealing with the same issue.

Sarah, who is in charge of a nursing program in a large community college system and engaged in policy at a national level, spoke about the importance of collaboration with external stakeholders in influencing and guiding policy for both nursing education and the profession. She provided an example of a time when she pushed the external collaborative partners to include the community when she recalled,

> I just completed a concurrent enrollment agreement with a four-year college that's going to shorten the time from completion of our program to completion of Bachelor's degree – only needs less than one year to finish. So, it's, I think, I don't know if you want to call that a policy change but it had to be an integrative, collaborative change to make that

happen on both sides of the table; working with community members, working with different organizations to help fund tuition.

Non-collaborative problems. Almost every participant provided experiences and opinions that supported the utilization of collaboration for policy work. Additionally, they shared their concerns about difficulties that may arise when collaboration is not utilized. Wanda shared her concerns about working on policy using a more directive, less collaborative process, "Because again I think it's, we should all have the same page or I'm afraid people are going to act out, be subversive or passive aggressive." Wanda completed this thought by emphasizing her preference for collaboration, "that's how I was raised in terms of an academic environment. . . . It was a very collaborative and not autocratic leadership. . . .So, I probably model that behavior."

A final reflection on collaboration was provided by Wilma. She shared the same concerns about the negative impact on policy when collaboration was not employed or actively resisted. Wilma increased the sphere of the negative impact to include the entire nursing profession when she said,

> You know if we could get nursing to agree about anything, you know how many million nurses are there out there? If we could all say the same thing in concert that would just be a deafening sound that could actually make an incredible change. But we're not very good about collaborating on issues. We more, you know—people will use the metaphor of circling the wagons and shooting inward instead of circling the wagons and attacking an issue collectively.

Communication as a theme will be analyzed in the next section.

Communication

Communication is the imparting of ideas, images, and information between internal members of an organization and associated external organizations (Anaeto, 2010; Bolman & Deal, 2008; Tierney, 1988). Every participant who was interviewed mentioned the importance of timely and effective communication in the process of influencing, creating, and implementing policy.

Effective communication. When discussing policy, Melissa, the youngest nursing education executive interviewed, emphasized the value of effective communication. Melissa described the process of implementing the recently revised student handbook that contained several new and updated policies when she stated,

> I think that communication is a huge piece as well, making sure that the policy is communicated clearly; that people understand what the policy is and how it's going to be rolled out, how it's going to be enforced understanding the rationale behind it, the importance of it.

Melissa further expanded on the topic of communication by stating that leaders should possess good communication skills and how essential those skills were to the successful roll out of policies when she said,

> I think a good communicator is key. You have to communicate to faculty and staff the need for the change. You have to communicate with the students and help them value that change process. Communicating with so many people and so many different levels is a challenge. So I think that communication or good communication skills is key.

Melissa's offered this perspective on policy and communication: "It's a challenge to implement policies. . . . I think you have to be ready for some difficult conversations with

students or faculty in implementing the change . . . communicating well." Finally, Foundation mentioned the importance of communication stating, "I think the number one [skill] is communication—attentive listening, communication, really hearing what the other parties are saying."

Open communication. Ann and Elizabeth echoed the same opinions about communication being an essential skill throughout the policy process and expanded on the need for open communication. Ann explained the need to evaluate her communication skills and to be open, "Just basic communication skills. How do I communicate? What needs to be changed? What's out there? [Then] how I communicate that with various individuals." Elizabeth noted the value of open and reciprocal communication when working with policy when she stated, "I feel everyone needs to be heard." Melissa also mentioned openness of communication throughout the policy process saying that she strives to ensure that all questions are answered with further clarification provided when needed.

A contrast to openness in communication was described by Wilma as she recounted past incidents where students were dealt with in a punitive manner in regards to sincere and honest input, "when they [faculty] have a student who is using their voice appropriately [they] squelch it . . . we say [faculty] to them oh dear now you're being punished for sharing what you think." Wilma expressed her dismay that students quickly learned that their perspective was not respected and that educators perpetuated ineffective communications skills in the nursing profession through this type of interaction with future nurses. Wilma shared her belief that nursing educators have to own this behavior, facilitate open communication, and let students use their voices in a fair manner and then respond with respect.

Modes of communication. Foundation emphasized the importance of communication throughout the policy process when she stated, "I talk with people of interest" and then added, "and we have a lot of conversation, a lot of discussion regarding the benefits and what isn't beneficial." She further extended the theme of communication indicating that there are many modes that can be appropriate and effective when she conveyed,

> I'm a listener and then I can restate and reiterate something. . . . I think that it's listening and when you're actually attentively listening and that communication skill of reiterating. Then being descriptive when you're creating that image of a change. . . . Describing so that there's clarity there. I mean that it's an accepted, it's not challenging communication but it's honest communication and you really need to listen. . . . I find that that's a strong skill that I have.

Other participants discussed that communication by a variety of vehicles is desirable, effective and efficient. Mary illustrated the use of electronic communication when she described how she works almost exclusively by electronic medium. She sends policy document drafts by email with ongoing and visible track change edits from person to person. When the policy draft is finalized she then disseminates it via an electronic handbook on the program's website. Also, Sarah recalled how she utilized conference calls and email when working on policy with other individuals, "we meet a lot of time by phone anymore. . . . More discussions are had electronically" that illustrated the many channels of communication available.

Missed communication. Wilma discussed the possibility of missed opportunities for influence and participation in the policy process with external stakeholders such as accrediting bodies by the lack of communication when she stated,

> Having an open mind about and a positive attitude about who's driving policy and what that policy's about—I think that's important. I would say as an educator I know that I have the opportunity to influence it. They always ask for input and you can choose to give input or not give input. But my feeling is that when you've got an issue and you haven't stepped up to put it out there then if it resolves in a way that you're not happy about and you didn't say anything then you just need to realize that you had your opportunity.

Sarah provided an example that occurred within her institution of a barrier to policy that was directly linked with ineffective or a lack of communication. She conveyed that sometimes the short notice of system wide changes made the crafting and implementation of policy difficult. Sarah described another barrier to being successful in the policy arena related to communication, "another barrier with our accrediting body is inconsistent information and so that's been very difficult for us." Complex layers as an emergent theme will be outline in the following section.

Complex Layers

The convergence of higher education with nursing brings together two mature organizations, education and healthcare that both are highly complex (Clancy, 2014; A. Hall & Clark, 2010). This complexity is a result of the continuous flow of resources and knowledge between many internal and external stakeholders (A. Hall & Clark, 2010). The participants of this study easily identified the complex layers they must often navigate throughout the policy process. They alluded to the complexity of the organizational structure, organizational processes, and multiple internal and external stakeholders.

Structural layers. Florence, who is employed at a private religious-based institution, expressed how it can be frustrating to manage policy across the many structural layers within her

institution in light of the structural realignment that had occurred in the last year: "We've just had structural changes in the last year, two different structural changes. . . . So keeping track of who [policy] goes where . . . has been maybe a little bit more difficult in the last year." She indicated that she was constantly trying to figure out to what area a policy belonged, "because we have a residential campus and a non-residential campus; so different policies go to different areas."

Florence identified that the complexity caused confusion for both individuals inside and outside of the department when she stated,

> I think that the structure we're in can be confusing to outside people and even to inside people. We're a school of nursing but we're a stand-alone unit. College of Arts and Sciences is a stand-alone unit but they have five schools within that. So when we have greater freedom or greater acknowledgement than say than the school of education—which is within a different unit doesn't have the same rights and privileges that we do because we're a . . . unit. It's an odd situation because we're both schools. . . . That's a little bit confusing for people to recognize.

Ann relayed experiences with policy that also illustrate that her organization's complex structure can lead to delayed policy or even to the death of a policy, "It seems like if it is something above our area, if it is a university wide [policy], that takes much longer . . . if the change gets done at all." Olivia also spoke of the delay caused when a policy that must be taken through the many layers present in her institution, "really when you get right down to it, it can be rather laborious . . . I mean it just takes so much time sometimes to get yourself to that movement [policy] through." She compared it to pushing a 10-ton boulder uphill.

Mary provided additional insight on the complex layers of policy when she provided details on of the structural and procedural gauntlet policy travels at her institution when she outlined the process the Provost must work through with policy. She indicated that the policy might have to go through the faculty senate, curriculum committee, university senate, and the graduate department; a very cumbersome process that often takes a long time. The next step at Mary's institution was to get the change placed in the appropriate catalog or handbook which also added to the complexity of the process because the changes were updated annually, "and sometimes the steps don't get done before the catalog has to be approved. . . . They say we'll just print it wrong then."

Various stakeholders and complexity. Wilma also recognized that many stakeholders are involved in the policy process: "There's a lot of policy set external to the internal workings of our school." She specifically mentioned the direct effect of legislation and court rulings on policy within her institution: "Sometimes the policy comes about because it's a way of abiding by a law like equal access, the way we hire people or how scholarship are allocated. . . . The case in Michigan . . . defined how people can and can't allocate scholarships."

Understanding and managing complexity. Although all of the participants shared the opinion that the many layers and various stakeholders could cause problems or create barriers in the policy process, they also recognized that they must understand and manage the complexity in order to be successful with policy. Ann illustrated the importance of mastering the complex structures and layers created by multiple stakeholders. She serves a dual role as dean of the College of Health Sciences and Human Performance as well as the nursing education executive for the nursing program because "we have multiple programs and our accreditation requires one person to be over that [nursing program] so . . . I serve as both."

Mary also discussed the importance of understanding and managing the complexity caused by a variety of stakeholders. Her college wanted to start a Doctor of Nursing Practice (DNP) and had to work with the state agency that oversees higher education institutions and the state judiciary system. She continued to discuss her experiences with external stakeholders as she described policies that were crafted in response to relationships with clinical agencies, "we just found out that everybody has to have a flu shot whether they want or not . . . it's like you are not going to the medical center to do clinical period if you don't have a flu shot."

Olivia shared a similar story about complex layers and policy in relation to creating a clinical faculty track at her institution to manage the promotion process for non-traditional faculty in an equitable manner. She highlighted the practice that most nursing education programs utilize of employing APNs who are experts in their clinical specialty but often do not meet the requirements for traditional promotion and tenure: "We had . . . people who were nurse practitioners [and] very, very good and experts in their fields but when you looked at the promotion and tenure criteria, probably [they are] not going to make it." She said the process was lengthy and extensive: "That kind of policy change was huge." The policy had to go through human resources, the college, the entire faculty, the provost, all the chairs at the university, faculty senate, president's council, and the board of trustees. At the end of this story Olivia shared she pointed out that they had to go back through part of the above outlined process: "We made some mistakes so then we had to come back and we had to go through some things again" that revealed the ongoing nature of policy complexity and the necessity of managing it to achieve goals.

Finally, Wilma summarized the reality of complex layers with policy when she referred to an issue where her faculty had to report outside employment for both their accrediting

organization and the university. She communicated the need to master or at least manage the complex layers related to policy when she said,

> I think is sometimes just a matter of figuring out how it's going to work systematically in the organization. So, for example you know we talked earlier about we all have to do these declarations of outside activities? So, we opted to time that with the same time that everyone turned in their annual report. So, that it's not like that every other week you getting a request for another piece of paper to turn in.

Stress caused by complexity. Wanda provided additional insight into the complex layers of policy work and the stress it creates on those who work with it: "The pressure is great for so many different demands and so many different directions that it becomes such an overwhelming position." She advocated for trying to find a balance between "that intensity" and "the pleasure of being an academic." Her experience was that a person who becomes overwhelmed with the complexity loses site of the ultimate reason or goal for being a nurse educator: "It translates into crabbiness . . . with the students. . . . You're less patient, you're less responsive, less inclusive, and less welcoming because you're feeling so much stress." The need to have policy driven by data will be the next theme discussed.

Data Driven

Many of the decisions made in the nursing discipline are guided by a process known as evidence-based practice. This approach provides solutions to problems based on a systematic review of pertinent evidence or data, the expertise of the nurse(s) who are looking for solutions, client preferences, and available resources (Hinshaw, 2011). This reliance on evidence or data emerged from the responses of the participants of this study. A majority of the participants

believed that sound policy was derived from completing research and gathering data on any given policy issue.

Gathering data. Sarah and Ann both outlined the process that they use for policy that involved searching for relevant data. Sarah said, "We're very data driven and I think that is important . . . we're very data driven here . . . having the support of data is critical." Sarah indicated that she did not find it acceptable to just say let us do this and not provide supporting research and data. Ann shared that her first step in creating policy is "information gathering" and then she would research other nursing programs to review how they handled similar policies. Melissa and Foundation also acknowledged the implicit connection between data collection and the policy process. Melissa shared this opinion: "The development, creation of a policy should be faculty driven and should be evidence-based . . . looking at all the evidence." When discussing the essential skills an administrator needed to be successful with policy Foundation stated, "I think you need to be able to research it."

Olivia also indicated that she gathers data and details prior to going forward with policy. She freely acknowledged, "Well I am a detail person. I know that about myself." She provided an example that illustrates this data driven orientation to policy. Her college recently had to make adjustments to several programs based on the Commission for Higher Education's initiative to require no more than 120 hours for a bachelor's degree and no more than 60 hours for an associate degree. She said that the other deans within the college replied, "[it's] a piece of cake" and met the reduced hour requirements by removing elective courses. However, she reviewed the programs she was responsible for and thought, "no, not a piece of cake for us, not at all" because there were not any elective courses to remove. She then researched the curriculums for all the programs and linked that with the fact that a new core curriculum was to

be implemented in 2014 that would bring all the programs into compliance with the Commission's reduced-hour initiative without the loss of foundational courses. She pursued and successfully received an exemption for her programs based on her collection and analysis of data. Olivia finished this story by revealing,

> That's the kind of detail that I feel very comfortable in, so that when I have to then bring forward a counter proposal or a proposal . . . I have all the facts. . . . If they have any questions, I know what the answers are.

Phyllis reflected upon her ability to complete the investigation of background data and the compilation of evidence for the support of any policy that she is influencing, creating, or implementing. Like other participants she felt that it is important to gather enough data to answer any questions from other stakeholders. This statement by Phyllis provided support for her view on data collection, "I think you do a thorough background check and investigation of anything that would influence that policy implementation, [I] think is extremely important."

Success with data. Foundation felt that the collection of relevant data facilitated her capacity in the policy arena. This stance was illustrated when she said, "I think that the facilitation occurs when you provide the evidence, you do the research I find that the institution is willing to listen."

Conversely, Foundation recounted her experiences when individuals were not adequately prepared with salient research and data: "Now if you go in on what I call the whim motive . . . you're wasting your time . . . now without that kind of research it's like when you bring me some information . . . we'll address it." This idea of ineffectiveness with policy influence and inadequate data was supported by Olivia's experiences as well when she said, "The last thing I

want to do is get caught, and you do . . . you can't be perfect . . . and someone comes in and goes you can't do this because and I didn't know that was a part of it [issue]."

Understanding data. Wanda provided a more in-depth view of how sufficient detail can influence others in the policy process. She believed that you should gather adequate data and then disseminate it to other individuals involved in the process in a form that is easy to grasp. This will permit the others to review the information, understand it, and perhaps lead them to "a similar analysis that I might have." Wanda further described her responsibility as the nursing executive director to provide data that is easy to understand with this statement: "It's my job to put it [data] together in a way that's easy for faculty to understand and analyze."

Melissa emphasized the importance of providing enough data so that others involved in the in the policy process could truly understand the need for the change. She relayed that policy changes made to increase the rigor of the nursing program were sometimes met with resistance from other institutional departments with this statement: "So we understand that from a nursing perspective but then sometimes from an operational perspective or even a gen. ed. instructor perspective they think that maybe [they] are a little too rigorous." She illustrated her role as the provider of data when she said, "So, trying to bridge that, that gap of understanding with resistance from other departments."

Multiple sources. A final element that participants identified as vital when collecting data for policy was to consider information from as many of the stakeholders as possible. Ann demonstrated this concept when she shared that her program does not change a policy without looking at background information, data from students and faculty, and their regional and state-wide advisory boards. Once all that data is collected she will then gather her team and begin working through the policy process. The final emergent theme to be reviewed is political.

Political

The political frame views the activities within an organization as a result of a struggle for limited resources that causes conflict (Birnbaum, 1988; Bolman & Deal, 2008). This competition for resources is won by the individual or group who wields the most power (Bolman & Deal, 2008). Every organization has some political aspects as a component of its structure and activities. The participants of this study recognized the political elements that are part of the policy process. In fact the political theme was referred to the most by the participants. Sarah succinctly described the reality of politics in the policy process by stating, "There's politics involved, there's always politics involved."

Alliances. Several participants discussed how they built alliances or coalitions as they worked to gain support for policies. Foundation indicated that she talked with people who are in favor of and who are against a certain policy in an effort to garner support. She referred to this as "literally courting those individuals." Phyllis also stated that the creation of alliances was "extremely important." She expanded on her perceived importance of alliances when she said, "You have to define it [policy] from an alliance perspective."

When Olivia discussed how she often completed work prior to meetings she demonstrated how she interacted with other individuals to create alliances and build support for the policies on which they were working on together. She said that if she knew that a person was in favor of a certain policy or initiative she would talk with them prior to the meeting and request that they step forward during the meeting to generate interest and provide support. Conversely, Olivia said that she would approach individuals she suspected were "less than excited about what is going to be happening" and talk with them, "I want to spend the time with them so what they clearly understand the environment, the situation we're in."

Two of the participants expressed that the forming of coalitions or alliances with key individuals greatly facilitated getting a policy approved and implemented. Sarah relayed that if she was able to get the "buy-in" from the provost or from the president that it had an enormous impact on getting policy approved. Phyllis provided an example of a time when she was able to create a coalition with crucial faculty members in her attempt to create a clinical skills boot camp that then allowed for restructuring of the semester. She talked about meeting with the faculty members and "got them to buy into" the boot camp idea.

Wilma went a little further with the creation of alliances and talked about working with an external stakeholder, her program's accreditation agency. She said, "I think we forget that our accrediting agencies are also there to be allies for us." Though some nursing education executives might see accrediting agencies as being punitive Wilma viewed them as allies and recounted times in the past when visiting accreditors asked, "Is there a message that you want us to deliver to upper administration, that you need a little bit more teeth in?" That alliance would assist her in getting needed changes to occur.

Power. Several of the nursing educator executives recognized that power plays heavily into to the political aspects of policy. Florence mentioned the importance of being aware of power. She indicated that a nursing educator executive who wanted to be successful with policy needed to know "who makes the decisions."

Sarah identified another source of power that assisted in getting desired policy approved and implemented in her program. She shared that her program is one of the largest within her institution in terms of the number of students enrolled and tuition. She said that the president uses her program to showcase the institution and this status results in a lot of attention, support, and ultimately power.

Some of the participants recognized that individuals in power positions can have a negative effect on their ability to successfully manage policy. One of the participants indicated that she normally receives support from her institution's Vice Chancellors but that if one of them doesn't like a policy their opinion can negatively influence the entire group. Foundation provided details about a recent budget cut her program faced. Her department created a new class that was very popular and increased foundation donations that offset the budget cuts. Foundation finished telling about this event by stating, "[It] wasn't well received by the person [who] cut my budget" because of the perceived loss of power that occurred. Phyllis mentioned that people in positions of power often circumvented policies that were inconvenient for them. She recounted occasions when family members or friends of individuals who wielded a lot of power were promoted or not disciplined in accordance to policy. Phyllis shared that the misuse of power in regard to policy in this manner had a direct negative impact on the program.

Wanda highlighted the negative impact that the inappropriate use of coercive power can have on the policy process. She acknowledge that you can pressure people into policy changes by leveling threats at those who are against a given policy such as "they're going to close us, you're going to lose your job, we're not going to be able to admit students." She expressed the concern that this type of coercion can lead to a miserable and uncomfortable work environment that is counterproductive. Wilma agreed with the destructive nature of the improper use of power and extended it to its effect on students in higher education. She talked about faculty who used their power to enforce policies and create standards in the classroom for the sole purpose of being a gatekeeper or as she said, "you will not make it as a nurse until you pass through me" attitude towards students. She compared this use of power by faculty to "running the gauntlet" with the goal being to demonstrate their power.

Negotiator. Some of the nursing education executives pointed out that being a negotiator was very helpful in navigating the political component inherent in the all phases of the policy process. Elizabeth and Olivia articulated the need for negotiation when they talked about the skills needed for policy. Olivia said, "You've got to be able to negotiate, you got to know what you will accept, what you won't except, know what you will give on and what you can't give on." Elizabeth echoed the importance of negotiation in the policy process with this statement: "being a negotiator, trying to get things." Wanda talked about the negotiation and knowing what you can settle for or what would be "good enough." She continued this line of thought by sadly stating, "and sometimes in my career it wasn't, it wasn't [good enough]."

In the process of influencing and creating policy Wanda recalled the negotiations that she went through with physicians. She emphasized that negotiation had to be subtle and compared it to an "art form." Her experiences were that negotiation had to be done skillfully without the other party feeling like they are losing power or being manipulated or you would be met with resistance or push back.

Mary discussed the concept of negotiation when implementing policy. She recognized that not everyone will be happy with the change and in some cases individuals will lose something they value: "If I know there's going to be a problem . . . what else can we give them that will make them happy?" The example she gave was a recent change in a faculty member's teaching load. She was aware the faculty member would not be happy with the change but offered the faculty member a class they would like and still meet the needs of the program. The following statement made by Mary summed up her belief of negotiating and policy: "See if you can't make it as palatable as possible . . . always keep in mind that you're really trying to meet the needs of the program and the school as a whole as opposed to an individual person."

Wanda had the same approach to negotiation and policy as Mary. Again, she recognized that individuals may lose valuable things when a new policy or change is implemented. She stated, "Are they giving up prestige, giving up some control, giving up some recognition?" She reported that she tries to be sensitive to this issue and provide an acceptable "substitution" for the perceived or real loss.

A final reflection on negotiation was provided by Wilma who admitted that she doesn't like to take "no for an answer." She shared that some of her best ideas were met with a no response because they were not in alignment with the mission of the institution. Her inclination is to continue to negotiate, "trying to come up with another way, shape, or form to make something work."

Allocation of resources. Three of the participants, Foundation, Wilma, and Sarah, recognized the political nature and the impact of the competition for resources on policy. Foundation mentioned a policy class that she teaches to nursing students and recalled that she defined political as "the allocation of resources, that's all it is" followed by her laughter. She then transitioned to her experiences as an executive director of a nursing program and reflected that allocation of money is the most controlling factor in policy and compared the securing of resources to "winning favor for that day."

Sarah discussed the conflict and competition for scarce resources at her institution related to faculty salaries. Currently, at her institution, the nursing faculty members are paid more than other program faculty members which can be linked to the small number of academically qualified nurses and the overall nursing educator shortage. Sarah stated, "Other programs aren't getting that . . . so there is a conflict. The other programs are not really happy about that."

As mentioned above another scarce resource in nursing education is doctorate prepared faculty members. Wilma talked about this reality and how it adversely effects institutional and accreditation policies related to the required percentage of tenure track, clinical track, and lecturer faculty members hired. She stated that it was a challenge in light of the current nursing faculty shortage to hire an adequate number of doctorate prepared faculty members. She said the ongoing joke that is shared between nursing educator executives is that "we're fighting over the same 50 people." She concluded this story by saying that she is now considering hiring non-nursing faculty members and is experiencing some resistance from existing faculty members who are concerned with accreditation and professional identity issues.

Summary

The data collection from this study revealed five themes that provide a foundation for understanding the participants' experiences with the policy process. The theme of collaboration emerged from the data and emphasized the participants' preference to work through the policy process by bringing together individuals with specific knowledge and skills to attain a goal (Dixon, 2007; Northouse, 2013). The second emergent theme identified from the data was that of communication. The participants of this study recognized that the effective and timely exchange of information and ideas was essential in influencing, creating, and implementing policy (Anaeto, 2010; Bolman & Deal, 2008). The third theme that this study's data revealed was complex layers. The individuals who were interviewed for this study emphasized that the policy process is made complex by the convergence of organizational structure, organizational processes, and a multitude of internal and external stakeholders (A. Hall & Clark, 2010).

The fourth theme that emerged was the importance of a policy process that was guided by data collection and supporting evidence. The participants made a connection to the nursing

profession's confidence in evidence-based practice and how that same process of data collection and research findings should drive the policy process. The final theme that emerged from the data was political. The political theme underscored the participants' recognition that every organization has political characteristics that affect the policy process. The nursing education executives recounted experiences with forming alliances to gain influence and power along with the necessity of being a skillful negotiator.

CHAPTER 5

RESULTS II

Throughout the process of analyzing this study's data, five subthemes emerged from the interviews with the participants. The participants shared knowledge and experiences that centered on a select number of topics. The subthemes that were revealed included change is difficult, choice to lead, making meaning, mentors, and policy preparation. This chapter will examine these subthemes beginning with the subtheme change is difficult.

Change is Difficult

The process of policy implementation can be considered a force that drives change. Lewin (as cited by Kritsonis, 2004) stated that a force leads in a direction that disrupts the sense of balance and brings about change. Those who seek to make changes within an organization will be met with resistance from individuals who are comfortable with the status quo (Battilana & Casciaro, 2012). Several of the participants shared experiences that illustrated change is difficult, uncomfortable, and often resisted.

Three participants, Foundation, Melissa, and Wanda directly stated that the change produced by policy is difficult and causes discomfort. Foundation indicated that change makes people uncomfortable. Melissa shared that from her perspective as a leader, "change is always difficult, people struggle with it going from [one] situation to another situation with policy changes." Wanda stated that she based her progression through policy on change theory and that

leaders must understand that part of the change process is "going to be painful" and that individuals impacted may well "grieve." Wanda added that it was her experience that leaders needed to be sensitive to the reality that "people don't like to change because they're comfortable where they are, there are in their comfort zone."

Although the participants recognized that change is uncomfortable, some of them illustrated that change is inevitable and can create positive results. Olivia believed that change is inescapable and she anticipated the changes that might occur in higher education in the future. She talked about her belief that buildings would become too expensive and a liability for higher education institutions. She wondered how this might affect distance education and the promotion and tenure of faculty. Olivia connected this with future policy changes and said, "People are going to have to be able to move . . . be flexible . . . what we have done traditionally is just not going to be where we can be at anymore . . . that is going to be hard for people . . . scary."

Foundation expanded on the change is inevitable view. She indicated that she has said the following statement over a thousand times:

> You can cower in the corner in fear or you can step up and take on the battle. You're going to learn and grow even if you fail you're going to learn and grow. If you're going to cower in the corner in fear you going to die from adrenaline over-rush and you're not going to achieve anything.

Foundation conveyed that individuals who fear the inevitable changes and challenges will stagnate and miss potential opportunities for growth and success. Olivia alluded to the growth potential fostered by change. She said that she wanted the faculty and the students to be a little

uncomfortable. Her experience has been that people who are a little uncomfortable are "more likely to be thinking, a little more sensitive, and a little more attuned to their environment."

Change Leaders

When contemplating the change that occurs related to the policy process some of the participants identified that nurses in education were often at the forefront of change and considered exemplars or leaders. Mary outlined the "tremendous" changes that had occurred in her program over the past seven years. Her program has built a new building, created five new programs, and doubled the size of their existing programs. Mary then conveyed, "I feel we're very proactive and the dean is always bragging on us, how we get things done. Nurses are the change leaders on this campus."

Sarah highlighted the viewpoint that nurse educators are change leaders and quick to act in response to a need or problem. She talked about a time when she was working with other higher education professionals to ensure that nursing competencies from ASN programs articulated seamlessly with baccalaureate programs. In relaying this story about nursing educators, policy, and change Sarah stated, "I mean nursing is always good, you know they're fast."

It Takes Time

Several of the participants talked about the amount of time that is required to realize the desired results of any policy. They expressed some frustration about unrealistic expectations in terms of the time it takes for an implemented policy to bring about the desired change. Foundation underscored that timelines that are not viable can be a barrier to effective policy. She discussed individuals who expressed that three weeks was an adequate time for implemented policy to bring about the desired change. In response to this view Foundation stated, "Well three

weeks, three months is unrealistic. When you make a change you need to allow time for that change to occur and to see what the outcomes are and know what your benchmarks are . . ."

Wanda also provided an example of the creation and implementation of policy requiring adequate time to bring about the desired changes. She relayed an experience where she was leading a four-year nursing program that was working to improve the program's licensure exam pass rates. Those involved in the process were expressing frustration that the pass rates did not immediately begin to improve. She shared the following concern about these unrealistic expectations: "In a four-year program when you make those changes it does take a little time before you see the results . . . it might take a year or two before you start seeing the fruits of your labor." The second subtheme of choice to lead will be analyzed in the next section.

Choice to Lead

The opportunities for women to be leaders in nursing education are greater than most other academic disciplines. This is largely due to the accreditation requirement that nursing education programs be led by a nurse and that most nurses are female (Accrediting Commission for Education in Nursing, 2013; U.S. Department of Health and Human Services, 2010). Other concerns that play a role in a woman's choice to become a leader include personal responsibilities such as family and her own perception of what it means to be female and to be a nurse (Antonaros, 2010; Chaska, 2001; Ross, Marks-Maran, & Tye, 2013; Zulu, 2011). The participants of this study shared a variety of experiences and events that influenced their decisions to become leaders in nursing education programs.

Planned Choice

A couple of the participants described their paths to nursing education as a thoughtful and deliberate choice. Melissa illustrated this deliberate approach when she indicated that she

considered entering academia and then created a plan to achieve that goal. Melissa said she was "challenged" to pursue a degree in education and that she then "sought council, pursued the degree," and began her career in nursing education. She gradually progressed through the ranks until she became the dean of a nursing program. Sarah shared that by the time she began her graduate education she had made the decision to pursue a career in nursing education. The higher education institution she worked for provided her with financial and career support. Sarah stated, "I had an opportunity to go out and practice as a practitioner I decided that they're really invested in me and I'm invested in higher education—especially nursing . . . I didn't want to leave it." However, most of the participants disclosed that their path to nursing education was more of a circumstantial choice than a deliberate plan.

Transition After Graduate Degree

Florence described her path to becoming a nursing education executive as starting when she went back to earn her master's in community health nursing. When she had completed her degree she decided to stay and "start teaching." She then earned a doctorate degree that opened the door for advancement in academia. Mary also explained that she entered nursing education after completing her master's in community health nursing. Mary indicated, "And after my master's degree I did start teaching as a faculty member fulltime in a school of nursing; so that got me started on a teaching path." She further expanded on her unintentional path to an academic leadership role when she shared, "At the doctoral level it was pretty much research focused and medical surgical nursing. . . . I had no idea that I was going to grow up and be an administrator at that point and time."

Relocation

Foundation chronicled her path to leading a nursing program that started when she relocated to assist in the care of one of her parents. Her first nursing role after she relocated was in a clinical setting where she was encouraged by a key individual to go into education because she was a "natural teacher." Foundation said, "I thought—okay" and took a teaching job at a community college "on a lark." She said, "[I] walked into the classroom fell in love with it and thought I could do this the rest of my life."

Olivia's route to a nursing education career was also founded on the need for her and her spouse to relocate. She was living on the East Coast and was an administrator in a hospital when she met her future husband. They decided to move somewhere in the middle between the East Coast and the Midwest. Olivia relayed, "I saw an advertisement" for a university in that middle area they had selected and "[I] interviewed for the position and it was an instructor, it was a faculty position in, so then ended up moving here as it was kind of in the middle." At this point she said, "[I] then have just kind of gone through the ranks" where she eventually became the dean of the college.

Phyllis shared a similar story about her route to higher education and eventually to the director of her program. Again, her educational career began as the result of a move. She had to relocate to the Midwest and she said, "[I] applied for a position as a faculty member in a diploma program; in that I taught fundamentals, and med. surg., and management senior level." She eventually became the director of the program as it was transformed into a baccalaureate program.

Comfortable as Faculty

Both Wanda and Wilma were nurse educators for many years and expressed that they were happy and comfortable in that role. They had not considered advancing their nursing education careers to the administrative level until the opportunity surfaced. Wanda said that she "went into teaching but was really satisfied with a faculty role for many years, two young kids raising a family." She advanced both her education and education career when her children were older and she had less family responsibilities.

Wilma shared that she had transitioned between an informal and formal leader role in nursing education over the years. During a time that she was a non-administrative faculty member she was asked to serve as the interim executive education director of her program. She said, "[I] was somewhat reluctant to do that because I was just launching some interesting research . . . [I] reflected upon it quite a bit and then finally decided well maybe it was the right thing for me to do." She indicated that she eventually realized she could "contribute" in a meaningful way as the director, "applied for the position and ended up getting it." Another subtheme that emerged from the data analysis was making meaning which will be discussed in the following section.

Making Meaning

When organizations are dealing with change and ambiguity that can be caused by many things, including policy leaders often attempt to influence behaviors and define reality for stakeholders linked to the organization (Birnbaum, 1992; Bolman & Deal, 2008). This process of making meaning allows leaders to connect with the culture of the organization and foster commitment (Birnbaum, 1992). Additionally, leaders can communicate a vision of the environment that guards against uncertainties and bolters confidence (Birnbaum, 1992; Bolman

& Deal, 1992). The participants in this study shared experiences that illustrated they understood the importance of making meaning when dealing with policy and change.

Creating and Sharing a Vision

Several participants highlighted that the entire policy process can be facilitated by creating a vision of the desired change that others can understand and embrace. Foundation felt strongly that creating a vision was crucial in successfully managing the policy process. She indicated that she shared her vision by "painting a lot of vision . . . a big picture" in her campaign to garner "support for that idea, the policy change." Foundation expanded on the idea of vision when she said, "You provide the image . . . repainting the picture over and over and over . . . to take them into a bigger picture and outside of a tunnel vision."

Wilma referred to creating a vision as "sales and marketing" or building interest for a particular policy. She said that people need to understand the relevancy of a policy and how it might impact them and their goals in a positive manner. She acknowledged that not everyone will like a policy but "if it is something that is for the greater good sometimes you have to really spell out what that greater good is so that it makes sense." Phyllis extended the idea of creating vision when she shared that when she worked with other individuals involved in the policy process she provided a vision on a personal level. She built support or "buy-in" by helping individuals become "aware of what their skills and abilities are and how they can contribute."

Cultural Sensitivity

Many of the participants shared that developing sensitivity to the culture of their organizations and then utilizing it was helpful in assisting others to understand the meaning of a policy. Ann illustrated that she relied on the skill of understanding the culture of her institution when working with policy when she expressed the need to skillfully "sort through what ties do I

have to the history of this and is this going to tread on sacred tradition . . . all of those things need to be taken into account." This same belief of utilizing the culture of an organization to be successful with policy was also confirmed by Phyllis. She indicated that one of the skills she relied on was to present policy through the lens of their organization's value of adaptability to help people accept the changes that needed to be implemented.

Wanda recalled an incidence when she was working through policy related to admission criteria for a new nursing program. One of the stakeholders from another department was concerned that the grade point average (GPA) requirement for admission was too low based on the tradition of requiring pre-medical students to have at least a 3.0 GPA to be eligible for admission to their medical program. Wanda shared that during this phase of creating the policy she "empathized" with the individual about the institute's values of "high performance and rigor" but pointed out the 3.0 GPA might result in not having "any students in the new program whatsoever." She highlighted the importance of acknowledging and being sensitive to the underlying culture of the organization though recognizing the "negative consequences" the culture may have on the program and potential students.

Foundation added to the idea of being sensitive to culture and using it to assist the policy process when she talked about undesired outcomes of policy. She shared that based on her experiences it was beneficial to talk about policy failures and link them to the values and mission of the institution. She indicated that you do not "sweep it [failure] under the rug" but that you discuss it and ask "how does that occurrence alter our vision or our mission and you discuss it and you pull together." Additionally, Foundation illustrated that the culture of an organization can present a barrier to being successful with policy when she talked about people's resistance to deviate from tradition or the status quo. Foundation shared, "I think one of the hardest and most

difficult issues that I've come across battling in a policy, presenting a policy, presenting a policy change, implementing it is the naysayers—oh we've never done this before."

Understanding Internal and External Stakeholders

Olivia and Wanda alluded to the need to provide an interpretation to all individuals or organizations effected by a policy. Olivia discussed the skills that leaders need to have or develop when working with policy and stated, "I think you have to read not only the internal environment but also the external environment." Olivia viewed the external environment as possessing two layers, "external to the college but in the university as well as external" to the university. She believed that leaders must have or honed the skills in "knowing where you need to look, how you gather that information, and . . . what is going on with a situation." Wanda mentioned internal and external stakeholders and "managing their expectations." Wanda conveyed that stakeholders might have unrealistic or inaccurate expectations for a given policy. She stated that having the capacity to understand and manage the expectations of "both internal and external is critical" when working with policy.

Managing Frustration and Fear

Mary empathized with individuals in her institution that were expressing feelings of uncertainty or impatience with the policy process. She was quick to assert that part of her responsibilities as a leader was to help individuals manage these feelings and put them into perspective or to "keep in mind" the overall goal of the policy is "to meet the needs of the program." When policies get held up and people begin to panic Mary stated that "I always tell people today it's a good day, nobody's dying and nobody's suing us. So as long as we get the big rocks out of the way we can deal with this little stuff because it's alright."

Melissa also reflected on her experiences as a nursing education executive and the need to help the faculty and students in her program handle the uncertainty and anxiety that often accompanies policy and change. She pointed out that from her perspective as a leader "change is always difficult, people struggle with it." Melissa continued by sharing that she projects a "calm and dependable presence in the midst of the difficulties or the challenges people feel" related to "the little bumps that may happen along the road of the policy change or initiation." The participants of this study discussed the contribution of mentors in the development of their policy skills. The subtheme of mentors will be outlined in the following section.

Mentors

Leavitt, Chaffee, and Vance (2007) defined mentoring as a relationship where an experienced individual provides inspiration, encouragement, and coaching to a less experienced person. Furthermore the authors advocated that nurses who serve in a leadership position should actively search for individuals who can act as mentors as they develop their policy skills and to become mentors themselves when the opportunity occurs. The participants in this study recognized and conveyed that they understood the value of mentors and had access to at least one influential mentor.

Identify own Inexperience and Seek Expertise

Several of the participants shared that they realized how much they needed to learn related to policy when they began their administrative role and sought out a capable mentor. Ann began working in nursing education administration at a young age and recognized her dearth of experience with policy. Ann laughed as she shared, "I think that the main thing that I had going for me at the time was that I knew enough to know what I didn't, that I didn't know a lot. I was aware of how much I had to learn, so I think that that was in my favor." Ann indicated

that she was not assigned a mentor but said, “I have a couple of really good nurse educators who‘ve been in education for a long time that really kind of took me under their wings and helped me out quite a bit.” She expanded on the positive impact of her mentors related to the complexity of policy when she said, “I did have some very good role models in terms of their knowledge of state, accreditation guidelines, higher learning commission guidelines that have really helped [me].”

Melissa and Olivia expressed that having a mentor was very helpful to them. Melissa relayed that she had been assigned a mentor as she transitioned into the role of nurse education executive. She recounted how her mentor was a wonderful role model and a great resource especially in light of all the new policies she has had to implement in her first year. Melissa said that her mentor was supportive, “quick to give advice,” or to mentor “in areas of uncertainty” pertaining to policy change and implementation. Olivia articulated a similar experience with mentoring. She found her mentor very helpful and said, “I can pick the phone up and I can call [my mentor] and say you know this is what I'm contending with . . . she on more than one occasion which has been phenomenally helpful.” Olivia indicated that her mentor has helped her develop the ability to view policy issues as a “360 kind of type of thing . . . to look at it from all different levels from all different angles.”

Sarah shared that she “had a few really good mentors.” She provided a slightly different perspective on how mentors can be valuable by pushing her to grow and develop her policy and leadership abilities. She said, “Sometimes they were hard and really pushed me but that’s what I needed.” She fully illustrated what she has gained from her mentoring experiences when she said, “they had faith in me when I wasn’t sure.”

Mentors Outside of the Nursing Profession

A few of the participants talked about mentors that were not from the nursing profession. Florence recalled a mentoring relationship that she prized was with a person who started as a faculty member at the same time as she did but in a different academic area. They both were promoted to chair and then dean of their respective programs around the same time. Eventually her mentor moved to another institution. Florence described the advantages of this mentor relationship when she stated, "We still meet occasionally to talk. . . . We know each other and we trust each other. . . . So when we [our program] work through difficult situations I can do that."

Foundation recalled her doctorate education and how she developed mentoring relationship with three individuals she met while completing an internship. One of her mentors was a dean at a university and helped her master the political aspects of the institution. The second mentor was involved in politics at the state level and helped her learn to work with politicians at the state and federal level and how to develop policy and lobbying skills. Her third mentor was outside of academia and nursing and assisted in developing Foundation's appreciation of looking at policy from a "different perspective." Foundation indicated that these mentoring relationships provided her with unique and valuable learning experiences.

Phyllis discussed a mentoring relationship she developed with a healthcare administrator at the hospital where she worked in a diploma degree nursing program. Phyllis said that this mentor assisted her in mastering the intricacies of leadership and policy. Phyllis laughed as she recalled that at the time she did not realize that he was mentoring her; she said; "He did [mentor] and I didn't even know it . . . he was so good at it."

Sage Advice

Elizabeth, Melissa, and Foundation all mentioned the benefits they obtained from acting on advice offered from individuals who acted as mentors at a time when they were making career decisions. Elizabeth recalled a time when she was transitioning from researcher to teacher in nursing education. At that time the dean of her program suggested that she work on earning a doctorate degree. Elizabeth acted the offered advice and earned her doctorate degree. She indicated that her previous career experiences combined with a doctorate degree "took me to a different place, a different table."

Melissa and Foundation were both encouraged by someone to pursue a career in nursing education. Melissa shared the encouragement that she received to continue her education and become a nurse educator led to her becoming the leader of a nursing program. Foundation conveyed a similar experience where pivotal advice from a key person led her to become a nurse educator and enter a profession that "I fell in love with" and to eventually become a director of a nursing education program.

Facilitating Mentoring

Although only two participants mentioned facilitating mentoring for others in the nursing profession it is an interesting component of the mentoring subtheme. Foundation illustrated the importance of creating and defining mentoring relationships with students who were in a leadership and management class. These students completed an internship in a healthcare facility. She worked to set up experiential learning experiences with a key individual at the healthcare facility for each student and said, "we don't use the term preceptor . . . we approach that student with an understanding of find a mentor." Foundation believed that the relationship

that is developed between the student and the mentor should go beyond the class and that mentoring is an essential part of her nursing program.

Mary discussed mentoring through education and seminars for the entire executive team that works with her in her program. She indicated that this type of mentoring is new for her program. Mary said, "about two years ago we had several new program coordinators and somebody said you know I've never done anything like this [coordinator] and I really feel like we could benefit from this [mentoring]" Although Mary stated that she would never have thought of the idea on her own she considered it a great suggestion and acted on it. Mary conveyed that, "It has been very beneficial. I now feel like I have a coordinated . . . team of program coordinators instead of a bunch of isolated people out there doing things."

Policy Preparation

Broome (2013) stated that the leaders of nursing education programs have to be proficient in the management of both external and internal stakeholders. Additionally, these leaders need to develop the capacity to oversee financial budgeting and interdisciplinary collaboration, and maintain competence as both nursing practitioners and educators (Broome, 2013; Ross et al., 2013). However, the nursing profession has struggled to prepare nurses to be effective leaders which are crucial for the profession in creating adept policy makers (S. S. Cohen et al., 1996). Though most of the participants of this study mentioned educational preparation and key mentors many shared experiences where that preparation was often inadequate to fulfill the role of policy maker.

Educationally Well Prepared

Only two participants, Foundation and Sarah, expressed that their education prepared them to successfully manage the policy process although ten of the participants held doctorate

degrees. Foundation shared that her doctorate education prepared her to manage the policy issues in her current role. Foundation stated, "Definitely, in my doctorate program. It was wonderful." Sarah also positively reflected upon her education preparation: "Educationally wise I feel like I was very prepared, I graduated from a good doctorate program." However, other participants shared that their educational background only partially or did not prepared them for the role of policy maker.

Partially Prepared or not Prepared for Policy Role

Several participants conveyed that they had one or two classes in policy prior to assuming their current roles as nursing education executives. Florence shared that she had one policy class as a component of her doctorate program. Melissa demonstrated the same type of experience related to policy education when she stated, "In the master's program that I went through there was some learning regarding the development of policy." Wanda also shared the same experience with her doctorate program. She indicated that "probably the doctorate program didn't do enough . . . in hindsight I wish there had been more time devote to policy, development of policy analysis, and policy implementation" Ann shared that she went back to earn her doctorate degree because she realized that she had not been completely prepared for the policy aspects of her role. She indicated that nursing education executives face challenges in the policy arena related to state board of nursing and accreditation agencies regulations that often require learning from personal experience or by trial and error.

Other participants demonstrated that they had received no educational training for policy but perhaps a little training from their institution. Wilma shared that she did not have any formal training until she took on the role as assistant dean of her program. That training was focused on leadership in higher education and only tangentially applicable to nursing education and policy

issues. Phyllis also shared that she had not received any formal policy training or education. She indicated that she thought most nursing education executives learned as they went along or learned by experience.

Experience is the Best Teacher

Regardless of former education or training a majority of this study's participants shared that experience was the best way to learn to successfully manage policy. Elizabeth illustrated this approach to becoming proficient in policy when she stated that "leadership cannot be learned in a classroom, you learn your own way forward." She stated that she learned how to handle leadership and by extension policy by being "self-reflective, by reflecting on previous incidents," or by "trial and error." Although both Melissa and Wanda acknowledged having some formal policy training they both expressed the belief that experience was the best teacher. Melissa conveyed, "I think there's no learning, there's no comparison to actual hands on learning and doing it, going through something." Wanda talked about a rational and methodical approach to managing policy but then stated "trial and error would probably be the most obvious development phase" when learning to be successful with policy.

Sarah, who stated that she was well prepared to successfully manage policy, shared what would seem to be a balance between formal preparation and learning by experience related to policy. She stated, "I think that my experience over the years has been beneficial and really I continue to learn. . . . It [learning] never stops." She expressed the belief that policy issues in nursing education would continue to change in response to healthcare policy changes and implied that administrators would have to continue to learn and adapt.

Preparing Future Nursing Leaders for Policy Proficiency

Several of the participants reflected on the current education available to nursing students in their institutions related to policy. Some of those interviewed indicated that policy education was provided at the undergraduate level but was mainly directed at the clinical arena of policy. Ann discussed that at her institution the associate programs just offers an introductory class on policy because it is difficult to offer more with the limited number of credit hour requirements placed on the program by the state higher education commission. She indicated that the bachelor's program does provide more policy guidance but that it focuses on "how to go through and review the literature . . . and build a case for policy change." Foundation relayed that her RN to BSN undergraduate program provides a leadership program and a basic healthcare policy and politics class.

Mary shared a similar approach to policy education within her program at the undergraduate level. She stated, "Really on an undergraduate level, we have a leadership class and talk about hospital unit-level policies." Her undergraduate program focuses on clinical practice and policy. Mary indicated that their expectation is that baccalaureate-prepared nurses will not have to develop policies prior to being in practice for a couple of years. Phyllis shared a similar approach to policy education within her program. Her institution provides undergraduate nursing students two courses that include policy and that the courses focus is on clinical issues.

The participants who had graduate programs confirmed that policy education at the graduate level was more comprehensive. Mary indicated that their DNP program addressed hospital policies and that their master's nurse educator track provided education and experiences in developing policies related to education. She stated that "they are getting more support." Olivia relayed that their program's policy education has become more robust with the creation of

their DNP program. Some of the faculty from her nursing program have completed the DNP and have been exposed to "that whole realm of understanding about the process, what policy is, how you go about changing it." The faculty's exposure has trickled down to the masters and baccalaureate programs. Wilma was the only participant who felt her program had strong policy and leadership courses at all levels that offered both classroom and experiential learning opportunities.

Mary and Olivia reflected upon the same concern that although leadership and policy education has improved for nursing students there is still room and a need for improvement. Olivia outlined how her program has increased its leadership and policy education but stated, "we are doing more [but I] do not believe that we have probably placed ourselves in a position to be a mover and shaker in policy or change or anything like that. Mary conveyed that their programs were doing more related to policy and talked about the courses offered in their doctorate, master, and baccalaureate programs. However, she expressed the desire to continue to improve policy education when she said,

> We're all getting better at this. I think over time as we realize that we need to be growing up people who can do specific things that we were not taught to do when we were going through . . . we're hoping to do a better job at it now. It's not to say that we're perfect but certainly they've seen policies being developed and they've had some input into policies by the time they get to that doctorate they're not totally clueless on how to do this.

Summary

The interviews completed with the participants of this study revealed five subthemes that contributed to the understanding of their experiences with policy. The subtheme of change is

difficult emerged from the data and highlighted the organizational and individual disequilibrium that is caused by changes that result from enacted policy. The second subtheme of choice to lead revealed the participants' path or personal decisions that led to a leadership position. Their decisions and opportunities were often defined and guided by their perceptions of gender roles, nursing roles, and family responsibilities. The next subtheme that emerged was the ability or responsibility of making meaning for other stakeholders involved in and affected by policy. Making meaning for the participants often involved sharing their visions, being sensitive to the culture of both the internal and external stakeholders, and adeptly interpreting events that may evoke fear and uncertainty in stakeholders.

The fourth subtheme revealed from the analysis of the data was mentors. The participants shared experiences related to mentoring that highlighted understanding one's own limitations, benefitting from the expertise and knowledge of a mentor, and continuing the mentoring cycle by facilitating the mentoring of those new to the nursing profession. The final subtheme to emerge from the data was policy preparation. The subtheme of policy preparation provided clarity on how the participants were prepared or not prepared to manage policy. Experiences related to formal education, on the job education, learning by experience, and preparing the future nurse education leaders for leadership and policy were put into words.

CHAPTER 6

DISCUSSION

The purpose of this study was to develop an understanding of the factors nursing education executives believe are essential in influencing, creating, and implementing policy. The questions that guided the exploration of nursing education executives and policy were

1. What characteristics and skills do higher education administrators in nursing education believe are essential in influencing the policy process?
2. What organizational features do higher education nursing executive believe impede or facilitate their ability to influence the policy process?

Nursing education executives via the policy process need to evaluate the needs and mandates of both external and internal stakeholders. These stakeholders include university administrators, state level governing agencies, and professional governing agencies (Broome, 2013). However, Antrobus (2003), Odden (1991), and Zulu (2011) stated that administrators in higher education, which encompasses nursing education executives, are often inadequately prepared and often unsuccessful in directing and influencing the policy process. Understanding the experiences of nursing education executives with policy can assist both nursing education and higher education administrators in increasing their capacity for the policy process and yield policies that directly address issues and produce the desired outcomes. Additionally, the policy

experiences of nursing education executives can draw attention to the barriers to the process and bridge a knowledge gap in leadership and policy skills for nurse educators.

This chapter will provide a discussion on the findings. The discussion of the study will explore the emergent themes from the interview data, highlighting the similarities and differences with the current literature. The discussion of themes will follow the same order that they appeared in Chapters 4 and 5. The major theme of collaboration will be discussed first.

Collaboration

The data from the interviews emphasized that a majority of the nursing education executives believed that a collaborative approach to policy was beneficial and influential to the process. Participants shared experiences and comments that highlighted their preference to include other departments, faculty, staff, and students throughout all the stages of the policy process. This collaborative approach is supported by the literature that outlined this preferred leadership style of women. Research completed by Antonaros (2010), Chin (2011), and Zulu (2011) underscored that female leaders favor a more egalitarian, participatory, and cooperative leadership style. Antrobus (2003) emphasized that the nursing profession has largely sought to lead and make decisions through the process of consensus.

The desire for collaboration denoted throughout the interviews does reflect the communal trait of caring that is associated with the female gender (Duehr & Bono, 2006; Northouse, 2013). Although the participants are leading nursing program in higher education this is considered a mid-level leadership role and reflective of the limited opportunities for women in leadership (Chronicle of Higher Education, 2013; Morgan, 2006; Pounder & Coleman, 2002; Zulu, 2011). Wilma reflected upon this when she said, “Let’s just be perfectly clear about it . . . whatever this role is called . . . it’s middle management. It’s not what some of the faculty think it is.” The

preference for collaboration by the participants may limit their power and opportunities for advancement outside of nursing education because of the pervasive perception that exceptional leaders possess the agentic traits of aggressiveness and decisiveness (Bess & Dee, 2008b; Morgan 2006; Zulu, 2011).

Another aspect of collaboration that was mentioned by participants was that it facilitated buy-in or commitment from stakeholders in regards to policy. This recognition and utilization of collaboration to create investment amongst stakeholders is reflective of the transformational leadership style that is preferred by female leaders (Northouse, 2013). Research completed by Lavigna (2012) and Zulu (2011) supports the ability of transformational leadership to foster engagement and strengthen stakeholder investment because the collaborative process allows stakeholders to contribute to the decision-making process of an organization.

Although the participants shared their desire to be collaborative in the policy process several of them recognized that there were times when a more directive approach was either required or more effective. The participants recalled experiences where policy changes were mandated by state and accrediting organizations, financial constraints, or were required to be addressed quickly. This change in leadership style is in agreement with the literature compiled by Bolman and Deal (2008), Klenke (2011), and Northouse (2013) who mentioned that irrespective of gender, leadership is affected by the contextual situation within an organization. The participants' transition to a more directive approach to policy illustrates an ongoing interpretation of their organizations' political, social, and financial climates (Bolman & Deal, 2008; Klenke, 2011; Northouse, 2013).

Additionally, the responses from the participants to be more directive and prescriptive with policy as it relates to accreditation requirements is in alignment with the foundational

literature. The reality for most nursing programs is that special program accreditation is essential for the viability of the program. Accreditation of a nursing program ensures that programs are eligible to receive federal funds in the form of student loans and that their graduates are eligible to take the licensure exam and pursue graduate education (Accrediting Commission for Education in Nursing, 2013; CCNE, 2009; Ellis & Halstead, 2013).

The stated preference for collaboration in the policy process that was expressed by the nursing education executives is supported by the bottom-up policy implementation model. The bottom-up policy implementation model utilizes a cooperative process where people from all levels of an organization have permission to reshape and revise the policy (Gornitzka et al., 2005; Nilsen et al., 2013; Steinbach, 2009). Mary illustrated the characteristics of the bottom-up model when she stated, "People are well aware that I have no problem with them coming back and saying . . . let's change the wording. . . . I'll say okay let's get more feedback from everybody . . . we sort of do the whole iterative process."

This study's findings lend support to the use of the ACF policy theory in nursing education and higher education. Participants expressed a preference for collaborating with other academic departments and external organizations in the policy process in order to benefit from others' expertise and to gain a more comprehensive perspective of the issue. Weible and Sabatier (2009) and Weible et al. (2009) emphasized that the ACF is based on the premise that the policy process can be enacted by utilizing a collaborative approach. Additionally, the researchers highlighted that the ACF theory involves both technical and non-technical stakeholders who enjoy mutual access to power, consensus building, and a win-win situation.

The nurse educator executives' choice to utilize collaboration when working through the policy process underscores the underlying value of care that is central to the nursing profession.

Watson's theory of human caring highlights the participants' unwillingness in most circumstances to be coercive or manipulative but instead to build understanding and relationships (Neil & Tomey, 2002; Watson & Woodward, 2010). The following caritas, from Watson's theory of human caring demonstrate the collaborative spirit of most nursing education executives: "(a) development of a helping-trusting, human caring relationship" and (b) "systematic use of a creative problem-solving caring process" (Watson & Woodward, 2010, p. 370).

Communication

In the interviews every participant mentioned how important communication was to being successful in influencing, creating, and implementing policy. Foundation's statement, "I think the number one [skill] is communication," illustrated how the participants viewed communication as an integral component of the policy process. The need for effective communication with policy was highlighted by Guba (1984), who stated that there is often miscommunication throughout the process that leads to misunderstandings, withdrawal from, and opposition to the policy.

The results of the study underscored that communication not only needs to occur but needs to be effective to enhance the policy process. Participants felt that effective communication was characterized by openness and reciprocity with listening being a vital part of the process. The participants' understanding of communication and its positive effect on policy is supported by Birnbaum (1988, 1992) and Tierney (1988), who stated effective communication includes speaking, listening, and providing feedback on a regular basis.

Several of the nursing education executives emphasized that open communication is essential throughout the policy process and creates opportunities for increasing understanding,

permits everyone involved to be heard, and can improve outcomes. Elizabeth illustrated the value of open communication when she said, "I feel everyone needs to be heard" because the process improves both herself and the organization. The participants of this study seemed to intuitively understand that influential leaders create an environment that promotes opportunities for open communication (Birnbaum, 1988).

The experiences provided through the interviews also demonstrated that there are a variety of modes of communication that may facilitate policy work. Several participants discussed the utilization of telephone conferencing technology, electronic documents, and email in the process of communicating with individuals and groups. The foundational literature provided by Anaeto (2010) that identified documents and electronic media as modes of communication aligns with the participants' embrace of technology to facilitate communication and by extension policy.

Wilma recalled experiences with communication that illustrated how it could be misused in a punitive manner. She recounted times when students were punished by faculty for providing sincere and honest feedback. Wilma expressed dismay at what she viewed as squelching of the voices of students who were responding in an appropriate manner; perpetuating ineffective communication and reducing the capacity for influence in the nursing profession. This experience demonstrates how the nursing profession still struggles with marginalization within the medical profession and higher education. They function under the false consciousness premise where their oppressed status seems normal and reasonable (Çelik, 2012; Daly, 2013; How 2003). Additionally, the nurse educators perpetuate their own marginal position and the dominant class's power through the educational environment they create (Çelik, 2012; How, 2003).

Wilma also referred to experiences linked to communication where nurse educators chose to remain silent when they had an opportunity to provide input for accreditation standards. She compared this to opting out of the voting process when there is an election and voluntarily declining an opportunity for influence. Sadly, this experience provides support for the theoretical underpinnings and foundational literature of this study. It would seem that nurse educators as a subset of the nursing profession still accept the views and values of those who hold the power and have yet to fully acquire the emancipatory knowledge or critical reflection needed to appreciate their own worth (Clifford, 2000; Habermas, 1968; Swartz, 2014). However, this finding diverges slightly from what Bent (1993) and S. S. Cohen et al. (1996) stated about progress that has been made by the nurse leaders and the profession improving their capacity to influence and shape policy. Additionally, there is a dearth of literature on how nursing education executives perceive and manage their marginalized position within higher education and its effect on their capacity with the policy process.

Complex Layers

The interviews conducted for this study provided a great deal of data pertaining to the complexity of the policy process created by organizational structure, organization processes, and multiple internal and external stakeholders. The complexity of the policy process present within organizations was identified by every participant and was often described as players and layers that constantly change. This understanding of policy was supported by Antrobus (2003), Chan (2005), and Sabatier (2007), who stated that policy was defined by its characteristic of dynamic complexity.

Participants described organizational structures that were often realigned and resulted in alterations in the procedural pathways that policies flowed through the organization.

Additionally, participants expressed that policy became increasingly complex as a result of nursing education accreditation requirement that colleges of nursing have autonomy and thus often function differently from many other disciplines in higher education (Accrediting Commission for Education in Nursing, 2013; NLN, 1972). The participants' experiences related to organizational structure and policy is in alignment with work completed by Bess and Dee (2008a), who stated organizational structure and the decision-making process is determined by the roles assigned to people and departments, the formal power arrangement, and how departments are structured. The sense-making policy theory provides some corroboration with the nursing education executives' recognition of layers of complexity with the policy process. B. Lane and Hamann (2003) stated that the sense-making theory is based on complex multi-layered processes and structures and is well-suited for educational organizations.

The complexity of policy that was identified by the participants was also linked to the various external stakeholders and events. Wilma mentioned a recent Supreme Court ruling on affirmative action that had a direct impact on her institution, program, and policies. This external component of complexity is acknowledged by Sabatier (2007) who stated the large number of stakeholders involved possess a wide array of values and priorities that contribute to the complexity of policy.

The findings of this study indicated that most of the participants recognized the policy process was complex and believed it was essential to understand and manage that complexity. Additionally, participants recounted experiences where navigating the complex policy process could cause a great amount of stress. This was illustrated when Wanda stated, "The pressure is great for so many different demands and so many different directions that it becomes an overwhelming position."

Although the foundational literature for this study did not delve into complexity, this theme might be explained by the complex adaptive system model where organizations over time naturally become more complex (Clancy, 2014; Morgan, 2006). These adaptive organizations are characterized as living organisms that are constantly changing, non-linear, and intelligent where chaos and order are always present concurrently. Furthermore, interactions that occur within adaptive organizations often result in unpredictable outcomes (Rowe & Hogarth, 2005).

A. Hall and Clark (2010) completed research that supported the unpredictability of the policy process in complex organizations; they noted that if complexity and policy have a synergistic relationship with ambiguous outcomes then leaders need to concentrate on improving their abilities and organizational procedures to adapt to unanticipated change. In contrast to the above mentioned research that stated policy outcomes are unpredictable the nursing education executives in this study believed that the complexity could be managed and the outcomes of implemented policies could be predicted. Morgan (2006), who used the metaphor of organizations as organisms to describe complex adaptive systems, provided strength for the belief that complex system outcomes can be managed; he stated that leaders who correctly interpret the environment and take appropriate actions can achieve success.

A final consideration on complexity and policy from the findings is that participants readily provided information and shared experiences about complexity at the institutional, community, and state levels. Interview data related to national level events and stakeholders focused on the national accrediting bodies for nursing education and the NCLEX-RN. Only two participants mentioned the Affordable Care Act and its impact on nursing education. Olivia shared that she had recently attended a conference and learned that the Veteran's Affairs healthcare system was considering broadening the scope of prescriptive authority for nurse

practitioners as a result of the Affordable Care Act. Sarah mentioned the national level healthcare program reform and indicated that nursing is in a time of uncertainty and has seen some big changes but is still in a transition phase. None of the participants mentioned issues and stakeholders on the international level.

A search of the literature available on national and internal policy and nurse education provided scant research. The available research focused on the Institute of Medicine (IOM) 2011 report *The Future of Nursing: Leading Change Advancing Health* pertaining to nursing leading change on a national level (Cary, 2012). The IOM (2011) called on nurse educators to prepare nursing students to meet the needs of their clients and understand their role in a reformed healthcare system. International research for nursing is overwhelming focused on clinical issues and diseases such as the nursing shortage and AIDS Syndrome respectively (Clifford, 2000; Richter et al., 2013). The dearth of interview data related to national and international complexity and policy is reflective of the limited research dedicated to it.

Data Driven

The use of evidence-based practice for policy by the participants was discussed throughout the interviews and was descriptive of how they planned and implemented policy. One nursing education executive, Melissa, emphasized the importance of gathering data and utilizing an evidence-based approach to policy when she stated, "the development, creation of a policy should be . . . evidence-based." Ann provided additional support for the gathering data when she said, "having support of the data is critical." Although this study's foundational literature does not include past research on evidence-based practice there is literature to support the data-driven theme. The preference to rely on evidence and data originated in the nursing profession's high regard for the systematic review of the latest research to resolve problems (Hinshaw, 2011). The

data driven approach is supported by research completed by Mecklin (2009), who stated that institutions and administrations are more receptive to utilizing scientific research findings as a base for policy decisions.

Participants shared throughout the interviews that they believed that completing a search for the latest and most relevant evidence assisted in successfully advancing policy. Foundation illustrated this when she stated, "I think that the facilitation occurs when you provide the evidence, you do the research . . . the institution is willing to listen." Research completed by Antrobus (2003) supports that leaders can improve outcomes by guiding the policy process with their experience and evidence-based practice.

The need to understand the evidence gathered for policy decisions was voiced by some of the participants. Additionally, they believed that it was important that other stakeholders involved in the policy process be provided the data and evidence in such a manner that it fostered understanding and acceptance. The desire for the development of understanding for the participants and others involved in the policy process is in alignment with Watson's theory of human caring. A main tenet of Watson's theory of human caring is the development of understanding and relationships with others which then can facilitate creative problem-solving (Watson & Woodward, 2010).

The collection of multiple sources of data was identified as beneficial to the policy process by the participants of this study. Ann shared that she gathers information from students, faculty, and regional and state advisory boards before she begins working on a policy issue. The values framework for politics and the policy process theory underscored the importance of defining the overall goals and all possible alternatives related to an issue prior to crafting the policy (Mason et al., 2007).

Political

The political features of the policy process were extensively discussed throughout the interviews with the nursing education executives. Sarah aptly described the participants' experiences and beliefs about policy and politics when she said, "There's always politics involved." These findings from the study are supported by the literature that stated regardless of an institution's basic structure there is always a political element present (Bess & Dee, 2008a; Birnbaum, 1988). The interview data indicated that the participants were aware of and did not hesitate to participate in the political process inherent in the policy process. These experiences contrast with research by Antrobus (2003), Bent (1993), S. S. Cohen et al., (1996), and Harrington et al. (2005), who reported nurses were often naïve or unaware of the politics of their institutions and were hesitant to become involved in anything political due to their aversion to conflict.

The values framework for politics and the policy process theory supports the participants' recognition and engagement in the political aspects of policy. This component of the study's theoretical framework emphasized the importance of participating in organizational politics. One of the principles of the theory is that nurses who participate in the political component of policy and work through conflict are successful in influencing and shaping policy through each step of the process (Mason et al., 2007).

Participants of this study shared experiences where they recognized and utilized alliances when working with policy. They acknowledged that they would build alliances to gain support for policy. These experiences correspond with the literature that stated how leaders who desire to be successful in the political arena must build alliances with individuals and groups (Bolman & Deal, 2008; Hofler, 2006). Additionally, Sarah and Phyllis discussed how important it was to

form alliances with key individuals to gain support for policy and to facilitate its success. These findings are consistent with research that stated the creation of alliances provide access to the decision-making arena and a place at the table where decisions are made (Hofler, 2006; Owen, 2011).

The data from the study denoted that alliance building outside of the organization could assist in being successful in the policy process. Olivia recounted past experiences when her program's accrediting agency served as allies in getting needed changes approved within her institution. Bolman and Deal (2008) and Hofler (2006) noted that alliances need to include both internal and external stakeholders and thus support this study's data. Additionally, the literature highlights that special program accrediting agencies serve as voluntary partners whose goals include improving the quality and effectiveness of nursing education program (Accrediting Commission for Education in Nursing, 2013; CCNE, 2012; NLN, 1972; Tanner, 2013).

The awareness of power and the role it plays in policy was mentioned by several of the participants. The nursing education executives provided their experiences with power, sharing how it is important to know where the true power lies or "who makes the decisions" when working with policy. Furthermore, the participants recognized that whoever wields the power can have a positive or negative impact on policy success. Abood (2007), French and Raven (1959), Leavitt, Cohen, and Mason (2007), and Raven (2008) spoke about this perception of power when they stated power is essentially an individual's or organization's capacity to achieve a goal through the attainment of resources and alteration of the actions of others. The understanding that identification of the individuals within the organization who occupy positions of power can affect policy success is grounded in the concept of legitimate power. Legitimate or

positional power is linked to a specific assigned role such as provost or chancellor (Abood, 2007; French & Raven, 1959; Leavitt, Cohen, & Mason, 2007; Raven, 2008).

A few of the nursing education executives shared past incidents where policy decisions reflected the struggle within their organizations between individuals or groups to gain or to hold on to their power base. Foundation discussed such an incident where the individual who made budget cuts that affected her program was unhappy when she was able to offset the cuts with innovative programs and donations. Birnbaum (1988) and Bolman and Deal (2008) described this concern for the transfer of power as integral to the competition for resources that serves a vital function within organizations. The transfer of power between individuals or groups acts as a stabilizing force between weak and strong individuals allowing for similar access to power and benefits for all individuals and groups (Birnbaum, 1988; Bolman & Deal, 2008; Lovett, 2009; Rawls, 1971).

The negative impact of coercive power was described throughout the interviews. Participants discussed the negative impact of pushing policy through based on threats of losing accreditation status or jobs. Furthermore, experiences were shared where students were coerced to comply with course requirements that were based solely on the educators' need to demonstrate their power. The result of the use of power in the manner resulted in tense and unproductive learning and working environments.

The foundational literature underscores the participants' experiences associated with coercive power. Abood (2007), French and Raven (1959), and Raven (2008) stated that individuals comply with coercive power out of fear of retribution but noted that it is ineffective in creating long-term meaningful change. Additionally, critical theory and feminist theory highlight the oppressive and limiting nature of coercive power. The dominant social group

utilizes coercive power to marginalize and disempower other social groups they perceive as inferior or different (Cody, 1998; Daly, 2013). The participants in this study are often excluded from the dominant group because of their female gender (Letherby, 2003).

A final discussion on power and the findings of this study is linked to the lack of data on gender and power. Only one participant, Olivia, relayed experiences where her female gender was a barrier to policy success. She shared that she was in a college within her university where she was the only female dean and indicated that there were times when she was not "privy" to all the information because she was excluded from lunches and even once from a meeting. Olivia portrayed it as "breaking into the good old boys club" and expressed dismay that this type of scenario still occurs. However, she expanded on her experiences with gender and power stating that she received strong support from the President, who happened to be female and a strategic ally.

The participants of this study with the exclusion of the above experience were silent on the role gender played in their leadership position and ability to be successful with policy. These findings might be supported by research that indicated great strides have been made for women in mid-level leadership roles with the greater acceptance of female leadership traits such as shared power and relationship building (Chronicle of Higher Education, 2013; Morgan, 2006; Owen, 2011; Zulu, 2011). However, this finding is different from research completed by Bent (1993), who stated that the dominant White male hierarchy in both the medical profession and higher education arenas has effectively isolated and marginalized nursing education executives.

These findings might be attributed to the demographics of the nursing profession, where 93.8% of nurses in all fields are women and 83.2% are White (U.S. Department of Health and Human Services, 2010). The overall White female characteristics of the nurses place them in an

oppressed class by virtue of gender (Letherby, 2003). However, because of the phenomenon of false consciousness, the participants may not be aware of the inequitable distribution of power that favors the male gender (Çelik, 2012; Daly, 2013; How, 2003; Letherby, 2003). The dearth of data from this study related to power and gender provides strength for the position that the participants have not yet embraced emancipatory knowledge and the ability to critical reflect on society's expectation and assigned roles for them (Bent, 1993; Habermas, 1968; Letherby, 2003; Swartz, 2014). Additionally, seven of the 11 participants reported directly to a male administrator at their institutions. This high percentage of male administrators might reinforce the socially accepted construct of the validity of male knowledge and power for the participants (Letherby, 2003).

Another factor that may help explain the findings related to gender and power is the nursing education accreditation standards. These standards require the nurse education executive have the authority, resources, and time to effectively lead the program and administer the program resources (Accrediting Commission for Education in Nursing, 2013). This accreditation requirement perhaps insulates nursing education executives from some of the power struggles that other women in leadership roles within higher education encounter (Betts et al., 2009; Chronicle of Higher Education, 2013; Owen 2011; Rogers, 2012; Zulu, 2011).

Negotiation was described by the participants as an essential skill they used to successfully navigate the policy process. They articulated the need to enter interactions throughout the policy process with other stakeholders with a firm understanding of what they could give on and what they could not give on. Negotiation was compared to an art form that when done skillfully would not cause the other individuals involved in the process to feel they were manipulated or losing something valuable. The understanding of the integral part

negotiation plays in the political aspects of policy is identified by Birnbaum (1988) and Bolman and Deal (2008), who stated negotiation is one of the main elements involved in the decision-making process. Conversely, the nursing education executives' experiences and success with negotiation contradict what the literature stated regarding nurse leaders who are unaware of politics or apathetic participants in organizational politics (Antrobus, 2003; Bent, 1993).

Data from the interviews revealed that the participants acknowledged that a component of the politics of policy was the allocation of resources. The nurse executives shared experiences where they fought for scarce resources in the form of money for faculty salaries and for actual nursing faculty in a time of nursing faculty shortage. These experiences correspond with research that emphasized that the political traits inherent in organizations consider the allocation of resources a focal point of the process (Birnbaum, 1988; Bolman & Deal, 2008). Furthermore, Sabatier (2007) observed that the policy process is often driven by monetary concerns.

Change is Difficult

The change that is inherent in the policy process affected most of the nursing education executives and their interactions with other stakeholders. The participants acknowledged that change was unavoidable but often individuals involved in the process experienced discomfort, fear, and resisted the changes created by policy. Wanda acknowledged that change "is going to be painful" and she observed that some people grieve throughout the process. She shared that leaders can facilitate policy and change by being sensitive to individual's reaction throughout the process.

Change was not directly addressed in the foundational literature but the experiences of the participants are supported by research that stated policy drives change in organizations and that change will be resisted by individuals who are comfortable with the existing state of affairs

(Battilana & Casciaro, 2012; Kritsonis, 2004). Furthermore, one of the caritas of Watson's theory of human caring that stated nurses should encourage and accept the expression of all feelings assists in understanding the participants' desire to manage others' discomfort with change (Watson & Woodward, 2010). Finally, Bolman and Deal (2008) stated that change always causes conflict, invokes feelings of loss, and may initiate the grieving process.

Change Leaders

When the participants discussed policy and change they often reflected that in their college or within their institution they were consider exemplars and leaders of change. Mary shared that her dean "bragged" on about how nursing got things done and were leaders of change on campus. Furthermore, the participants provided experiences with policy where they perceived that nursing was skilled at implementing change. This is an unexpected finding and diverges from the literature. Antrobus (2003) and Benton (2012) stated that nurses prefer a passive role in the policy process.

Data from the interviews highlighted that participants experienced frustration with unrealistic expectations about the amount of time needed to achieve outcomes from policy changes. The consensus from the findings was that it might take a year or two for changes made through policies to achieve the desired outcomes. This understanding demonstrated by the nursing education executive related to the time required to realize the desired outcomes is in alignment with financial policy research that was not a component of the study's foundational literature. This research indicated that there is an outside lag time between policy implementation and achievement of the desired outcomes; the impact of the policy is not immediate (Adams & Spiro, 1972).

Choice to Lead

The stories shared by the participants about their paths to leadership were similar in that a majority of them did not purposely plan to become nursing education executives it just happened. Participants outlined events such as family responsibilities, geographical moves, attainment of an APN degree, and even providence that led to their current leadership roles in nursing education programs. Mary voiced an observation shared by other participants when she said, "I had no idea that I was going to grow up and be an administrator."

The findings that most of the participants did not actively pursue or plan for leadership roles but were offered leadership opportunities in higher education diverges from the research on women and leadership. Dickison (2010), Klenke (2011), and Peltier-Campbell (2011) denoted that women in higher education have limited leadership opportunities based on the preference for traditional masculine traits in leaders, an increasingly competitive environment, and the unwillingness of higher education to incorporate gender equity into administrative positions. The most likely explanation for the participants' improved leadership opportunities is the special program accreditation standard that requires nursing education programs to be led by nurses; a mostly female profession (Accrediting Commission for Education in Nursing, 2013; U.S. Department of Health and Human Services, 2010).

However, the experiences of the nursing education executives that convey the balancing of career choices with family responsibilities are supported by the literature. Females have been assigned the roles of nurturer and supporter and society reinforces those cultural expectations (Duehr & Bona, 2006; Northouse, 2013). Furthermore, women are often reluctant to pursue leadership roles and risked being viewed by others as being unfeminine or too masculine (Ciolac, 2013; Northouse, 2013).

The theoretical foundations of this study assist in understanding the career pathway experiences of the participants that include the culturally acceptable choices of nurturer and supporter. Critical theory asserts that individuals with less power in a society often assimilate the values of the dominate class through false consciousness and indoctrination in order to have access to power (Bent, 1993; Çelik, 2012; Daly, 2014; How, 2003). Additionally, support for the findings is provided by Watson's theory of human caring, a central theory of the nursing profession that values the building of relationships over overt control and manipulation (Watson & Woodward, 2010).

Making Meaning

The ability to interpret and define the environment and events related the policy process was shared by most of the nursing education executives interviewed for this study. The nursing education executives relayed that they engaged in creating a vision that other stakeholders could understand and embrace in an attempt to build support for policy. Wilma recounted that when she created and shared a vision she considered it "sales and marketing" to build interest for a policy. These findings are supported by the literature. Birnbaum (1992) and Bolman and Deal (2008) stated that effective leaders create a vision that provides an interpretation of events and influences behaviors of individuals in the organization.

The interviews throughout the study emphasized that the participants considered the culture of their institution and nursing program when creating meaning for policy and change. They shared that linking policy changes to the culture and values of the institution was important to successfully create, implement, and evaluate policy. Participants indicated that tradition, history, and values all combined to define the culture of their institutions. Kempner (2003) and Tierney (1998) stated that the capacity of a leader to drive policy and change is negotiated

through the cultural context of the organization. According to Birnbaum (1992), Kempner (2003), and Tierney (1988) leaders who purposely assist individuals to make a connection between policy changes and organizational culture can cultivate stakeholder commitment and renew passion.

The data indicated that creating vision or meaning was not limited to internal stakeholders. They expressed that their ability to "read" both the internal and external environment was a valuable skill when working with policy. This is congruent with research by Birnbaum (1992) who stated interpretation of events allows leaders to influence the perceptions of those inside and outside of their institution.

A final consideration for making meaning is a leader's capacity for managing frustration and fear through the interpretation of events. The participants communicated throughout the interviews that they believed it was their responsibility to put events into context and to present a calm and dependable presence in the "midst of difficulties." Work completed by Klenke (2011) provided support for this finding; he stated that leaders who can successfully manage change in an uncertain environment possess contextual intelligence. Furthermore the sense-making policy theory highlighted the principle of interpretation that permits an institution to manage uncertain and ambiguous changes (Denis et al., 2009)

Mentors

When the nursing education executives conveyed their experiences with learning to manage policy they often described interactions and relationships with key mentors. The participants stated that they were aware of how much they needed to learn and actively sought out individuals they respected that had leadership experience. Though the following was not included in the foundational literature for this study it corroborated the findings; Leavitt,

Chaffee, and Vance (2007) stated that mentoring is a vital part of leadership development and career success for nurse leaders. The authors noted that this is especially true for nurses engaging in policy because they often have no formal training in previous educational programs. However, these findings diverge from research completed by Klenke (2011) and Peltier-Campbell (2011), who reported that women had limited opportunities to assume leadership positions because of a dearth of mentors in key positions.

Some of the nurse executives that participated in this study shared that their mentors were not from the nursing profession. They emphasized that their non-nursing mentors provided a different perspective that was valuable. Work by Leavitt, Chaffee, and Vance (2007) noted that mentors for nursing executives do not need to be nurses; the criteria for a mentor is expertise, knowledge, and the desire to be a mentor.

In addition to describing the importance of having a mentor two of the nursing education executives mentioned that the facilitation of mentoring for new nurses and nursing students was valuable for the profession. Foundation shared that she arranged mentoring for senior nursing students in a leadership class with the goal of facilitating a long-term mentoring relationship. Mary recalled that she had arranged for mentoring of the nursing executive team at her institution which resulted in a "coordinated team." Research that aligns with these findings was completed by Kouzes and Posner (2011) and Leavitt, Chaffee, and Vance (2007) who stated that mentoring for nursing students and nursing peers provide motivation and build confidence.

Policy Preparation

The lack of preparation for the role of policy maker impacted a majority of the participants even though they had earned advanced degrees in nursing, business, or leadership. In fact nine of the eleven participants had earned doctorate degrees and the other two had earned

master degrees. However, they shared that their advanced degrees either had no policy training or had one or two classes related to policy. They relayed the classes were insufficient in preparing them for the challenges they faced with policy. The consensus of the participants, even the two who felt prepared, was that they learned about policy through trial and error.

These findings related to lack of preparation are supported by the foundational literature. Antrobus (2003), S. S. Cohen et al. (1996), and Kenny (2003) stated that the nursing professional is unaware of the political aspects of policy and lack the knowledge and skills required to be successful with policy. Antrobus (2003) reported there is an urgent need for higher education nursing administrator to develop their leadership and policy skills. The values framework for politics and the policy process theory also aligns with the participants' experiences. Mason et al. (2007) noted that the nursing profession is in the beginning stages of recognizing the need for education and training related to leadership, politics, and policy. However, the authors reported few nurses have been prepared for the policy work involved at the leadership level of nursing.

During the interviews the participants described the type of policy preparation their programs were providing for nursing student at both the undergraduate and graduate level. Many of the participants stated that some policy education was provided to undergraduate students but that it focused on clinical issues. The nursing education executives who led nursing programs that offered graduate degrees related that the policy education at the graduate level was much more detailed but still focused on clinical issues. Only one participant believed that her nursing program offered strong policy courses at the undergraduate and graduate level. Wilma fittingly summarized their experiences preparing current students for policy when she said, "we are doing more [but I] do not believe that we have probably placed ourselves in a position to be a mover and shaker in policy or change or anything like that."

The current state of policy education for nursing students shared by the participants is reflective of the literature. Antrobus (2003), Odden (1991), Westphal (2012), and Zulu (2011) stated that higher education administrators, including nursing education executives, are often unprepared to manage policy and by extension unprepared to provide nursing students with the knowledge needed to become tomorrow's leaders. The focus of existing policy education on clinical issues is supported by the difficult identity transition from clinician to educator that nurse faculty members have experienced (Findlow, 2012).

Antrobus (2003) and S. S. Cohen et al. (1996) stated that there is little formal nursing education for political leadership and policy. However, the authors' work reflects the experience of the participants of this study that policy education is not where it should be but is improving. Antrobus (2003) developed a framework that is used in nursing education. S. S. Cohen et al. (1996) have also developed an educational model for political leadership and policy activism. Unfortunately, these educational models and frameworks still focus on clinical policy issues. There is a gap in research for policy education for nursing education issues.

The major themes and subthemes were discussed in this chapter. The experiences of the participants highlighted the themes of collaboration, communication, complexity, data and evidence gathering, and the political environment related to the policy process. Additionally, the subthemes change is difficult and change leaders were reviewed and evaluated against current research and literature. The subthemes of choice to become a leader of a nursing program, interpreting the environment and events as leaders, and the importance of mentoring were examined and compared to the literature as well.

CHAPTER 7

IMPLICATIONS, RECOMMENDATIONS, AND LIMITATIONS

In this chapter the implications of the findings of this study will be provided in terms of how they might apply to those individuals in higher education and nursing education who work with policy. Recommendations based on this study's findings will be offered for higher education, nursing education, and for future research. Next, this chapter will examine the study's limitations and provide a conclusion. Finally, an epilogue to the study will be offered. In the next section, the four major implications that were derived from this study will be considered.

Implications

There are four significant implications that can be drawn from this study. First, the complexity of higher education institutions which interfaces with many internal and external issues and stakeholders drives policy. Additionally, complexity often makes the policy process ambiguous with uncertain outcomes. Clancy (2014), Morgan (2006), and Rowe and Hogarth (2005) described the chaotic nature of organizations where interactions often resulted in unpredictable outcomes. It is evident from this study that the nursing education executives recognized and worked with this complexity. They recalled experiences and acknowledged working with the structural and procedural layers both inside and outside of their organizations. The participants also recalled working with both internal and external stakeholders. Antrobus (2003), Chan (2005), and Sabatier (2007) discussed these complex policy characteristics that

defined and guided the policy process. However, the data from the study indicated that the participants were not fully cognizant of the impact of national and international stakeholders and issues on policy. These findings imply that although nursing education executives identify how complex the policy process is they still struggle to comprehend the complexity in its totality.

Next, the lack of formal preparation to manage nursing and educational policy described in this study demonstrates a barrier for nursing education executives working with policy. According to Broome (2013), nursing education executives must balance through policy the requirements of university administrators, state higher education boards, and professional governing agencies such as state boards of nursing and nursing accrediting agencies. Data from this study suggested that the participants were insufficiently prepared for the challenges they faced with policy. The experiences and knowledge shared by the participants demonstrated the dearth of formal education and preparation extends to current nursing students as well. Research completed by Antrobus (2003) emphasized that nursing education executives are often poorly prepared to be successful in navigating the policy process. Westphal (2012) observed that the lack of educational preparation for leadership and policy applies to the nursing student population. Although the data from the study implied that the participants were able to learn how to manage policy through on the job experience and mentors they did express the need for more in-depth preparation. This research indicated that current and future nursing education executives require formal education and preparation that focuses on the unique policy demands of the nursing education environment.

Third, collaboration is at the center of how nursing education executives drive and implement policy in their institutions. The participants reported that the utilization of collaboration permitted for the exchange of ideas that resulted in policies that were more

effective and successful. Additionally, most participants believed that collaboration facilitated the policy process by creating buy-in or commitment from those involved in the process. Watson's theory of human caring which is a fundamental nursing theory provides a foundation for the collaborative approach favored by the participants. The nursing theory is based on developing understanding and relationships that recognizes and values the feelings of others (Watson & Woodward, 2010). Antonaros (2010) discussed how the nursing profession prefers to lead and make decisions by consensus. The participants who were all women demonstrated that they achieved success with policy by employing the female preferred leadership styles that are collaborative and participatory (Antonaros, 2010; Chin, 2011; Northouse, 2013; Zulu, 2011). This is an important implication because the utilization of collaboration in higher education policy might promote a policy process that is more engaging, effective and develops loyalty and commitment (Lavigna, 2012; Zulu, 2011).

The final implication of this study underscores the relationship of communication to policy. The data from the study revealed that the nursing education executives identified open and effective communication as the number one skill they relied on to facilitate policy work. Birnbaum (1988) stated that effective leaders create an environment that promotes open communication. The findings from this study demonstrated that a variety of methods of communication were used by the participants as they managed the policy process. Anaeto (2010) described how communication occurred through many forms that included documents and electronic media. The data from the interview highlighted that the nursing education executives facilitated policy by using alternate forms of communication such as emails, conference calls, and electronic documents. The participants contrasted effective communication with ineffective communication indicating that the lack of or poorly timed communication was a barrier to the

policy process. Guba (1984) indicated that miscommunication throughout the policy process led to misunderstandings and resistance to policy. This finding demonstrates the importance of communication for nursing education executives who desire to build their capacity for policy. Recommendations for higher education will be discussed in the next section.

Recommendations for Higher Education

Several of the findings from this study can provide a basis for recommendation for higher education related to policy. However, the key recommendations for higher education focus on leadership style, leadership skills, nursing education executives' positions of power, and educational preparation. Thus, the following recommendations are offered to higher education institutions as avenues to improve their overall success with policy.

The theme of utilizing collaboration throughout the policy process was conveyed by the participants as enabling them to be successful with policy. Collaboration is viewed as a female leadership style trait and thus not fully embraced in the higher education environment that still prefers a more aggressive and decisive leadership style (Antonaros, 2010; Bess & Dee, 2008b; Chin, 2011; Morgan, 2006; Northouse, 2013; Zulu, 2011). Higher education institutions that adopt a more collaborative approach to policy might gain the same benefits that were relayed by the participants of this study. Higher education institutions that use collaboration more often in the policy process might increase their capacity to develop policies that facilitate better outcomes and increase engagement and commitment of all stakeholders (Lavigna, 2012; Zulu, 2011).

Communication was mentioned by the nursing education executives as a leadership skill that was essential to the policy process. The participants shared frustrating experiences where ineffective communication with administrators had negatively impacted the policy process. Conversely, they shared that effective communication facilitated policy. Higher education could

approach communication from the following three positions: (a) provide a variety of channels for communication, (b) increase capacity for communication by providing workshops for students, staff, faculty, and administrators, and (c) create an environment that encourages the open exchange of thoughts and ideas without fear of penalty. Focusing on communication will enable higher education institutions to improve the entire policy process by creating opportunities for the sharing of ideas and providing timely and relevant feedback (Birnbaum, 1988; 1992; Tierney, 1988)

Most women in administrative or leadership positions must contend with the cultural expectations that limit their power and opportunities (Morgan, 2006; Northouse, 2013; Pounder & Coleman, 2002; Zulu, 2011). However the participants of this study did not perceive their female gender to be a barrier to influencing and creating policy. The Accrediting Commission for Education in Nursing (2013) standard that mandates the nursing education executives have the autonomy, authority, resources, and time to lead the nursing program may null the gender issues related to power. Higher education institutions might benefit from adopting the accreditation structure for nursing education executives for all department and college leaders. More women are working in mid-level leadership roles in higher education. Certainly these women would benefit from having their power protected and leadership abilities enhanced by a structure similar to the one enjoyed by nursing education executives (Chronicle of Higher Education, 2013). This recommendation would be valuable to higher education because it would increase the capacity of their administrators to influence, create, and implement policies and thus strengthen the entire organization.

The lack of preparation for the role of policy maker was a recurrent theme in this study. The amount of educational or professional preparation for policy ranged from none to the

earning of a doctorate degree in administration. However, even the most fully prepared participants stated that they needed more education and training for policy work. Antrobus (2003), S. S. Cohen et al. (1996), and Kenny (2003) stated that the nursing profession lacked the knowledge and skills required to be successful with policy. Furthermore, the findings of this study indicated that the participants believed that their nursing programs provided a minimum amount of policy education for students but that it could be improved. Antrobus (2003), S. S. Cohen et al. (1996), and Odden (1991) stated there is little formal education for political leadership and policy in nursing or higher education. Based on the findings of this study it is recommended that higher education institutions review their curriculums for policy and leadership education. Then they should revise them to reflect the knowledge and skills that are needed for future leaders to effectively work with policy. Next, the recommendation for nursing education will be outlined.

Recommendations for Nursing Education

The findings of this study concur with much of the literature on nursing and policy. However, the data from the interviews on complexity, mentoring, politics, and policy education for students can provide guidance for the nursing profession on policy.

Throughout the interviews completed for this study the participants described the multiple organizational layers and stakeholders that presented barriers to successfully navigating policy. Their experiences described various layers and stakeholders within their own institutions. Recognition of external layers and stakeholders was often limited to the community and state levels. Antrobus (2003), Chan (2005), and Sabatier (2007) described how complexity defined and directed the policy process. The Affordable Care Act was featured prominently in the news during the time this study was completed but only two of the participants made

reference to its impact on nursing education policy. This is an important finding and can be utilized to assist nursing in the policy arena. Based on this research it is recommended that the nursing profession provide education and advocate for those within the profession to stay abreast of national and international trends and issues that both effect nursing and add to the complexity of policy

Participants shared experiences about mentors who were pivotal in developing their policy capacity. The nursing education executives were transparent about their lack of preparation to manage policy. Many of them reported that they sought out key leaders to serve as mentors. Leavitt, Chaffee, and Vance (2007) described mentoring as a vital part of nursing leadership and emphasized the need for policy mentoring because of the dearth of formal training. The findings of the study also indicated that mentoring should begin early in a nurse's career, preferably when still in nursing school. Mentoring at the undergraduate level might facilitate leadership and policy training early for those students who demonstrate an interest or aptitude for a leadership role. This research lends strength to the recommendation that nursing educators via professional education organizations create structured mentoring programs for current and future nursing education leaders. This recommendation would facilitate the effectiveness of nurse education leaders in the realm of policy.

The theme of politics was mentioned often in the interviews completed for this study. The participants acknowledged the reality of the political aspects of policy and shared experiences that demonstrated they engaged in building alliances, sharing power, and negotiating to facilitate the process. The results of this study support that the profession has begun to heed the call to understand and become involved in the political sphere of policy (Antrobus, 2003; Bent, 1993; S. S. Cohen et al., 1996; Harrington et al., 2005). The recommendation for nursing

based on these findings is to continue to engage in the political facets of policy and advance to the highest level of participation on the national and international stage where nurses make the plans and become change agents (Mason et al., 2007).

A final theme that emerged from this study was the lack of educational opportunities related to nursing education policy for undergraduate and graduate nursing students. The data indicated that the policy education that is offered focused on the clinical issues of nursing. The experiences of the participants of this study demonstrated they believed they were unprepared to successfully manage policy. The findings of this research indicate there is a need for curriculum development to address nursing education policy early in a nurse's education. Further research is needed to fill the gap of knowledge connected to how to educationally prepare future nurse leaders for the special policy concerns of the nurse educator in academia.

Recommendations for Future Research

The scope of this study was to understand the experiences of nursing education executives with policy. The questions focused on the perceived facilitators and barriers encountered by the participants. The majority of the findings of this study coincided and provided more strength for research already completed on higher education, nursing, and policy. However, the findings on the following topics, (a) complexity and nursing education and (b) nurse education policy preparation, have little previous research completed and there is a gap in the knowledge.

A greater part of complexity research is based on the complex adaptive system or the systems theory. There is research focused on higher education as a complex adaptive system. Additionally, the clinical aspects of nursing have been researched utilizing the complex adaptive system as a framework (Clancy, 2014). However, the complexity created by the intersection of

higher education and nursing in terms of leadership, policy, and outcomes has not been studied. It is recommended that further research on complexity on nursing education leadership be completed.

As noted in the previous section there is a gap in the literature on educational opportunities for nursing students related to nursing education policy. The findings of this study reveal that the participants believed they did not received adequate education that would have enabled them to manage policy in nursing education. There is a large volume of research completed on policy that affects the clinical component of nursing but very little on educational policy. This study highlights the need for further research to be completed on curriculum that will prepare future nurse leaders for the unique policy concerns of the nurse educator in academia.

Finally, further research on the experiences of nursing education executives with policy needs to be completed to include a more diverse group of participants. The participants for this study were all White women. To develop a more comprehensive understanding of policy in the nursing education environment future research needs to include men and individuals of color who serve as nursing education executives.

Limitations

Two limitations were noted for this study. The first limitation noted was the homogeneity of the gender and race of the participants. All the participants were White women. This limitation was the result of (a) more than 80% of the members of the nursing profession are White women and (b) the purposive sampling method utilized for the study (U.S. Department of Health and Human Services, 2010). The homogeneity of the sample limited the maximum variation that might have developed from a wider variety of experiences (Merriam, 2009). The

other limitation was a lack of time and resources available to complete this study. A full-time faculty position and family responsibilities limited the amount of time available to conduct this study. This study was personally funded and thus limited by available resources.

Conclusion

Overall the findings of this study provided support for previous research completed on nursing, higher education, and policy. The data from the interviews provided answers for the research questions. The participants were able to convey through their experiences the skills and traits they believed were helpful in influencing policy. Furthermore, they identified structural features that either facilitated or impeded their success with policy.

Skills

Collaboration appears to be both a skill and a trait the participants found to be beneficial when working with policy. The participants' shared experiences made it clear that collaboration was a skill that was purposefully used to create commitment and utilize other's expertise. Collaboration is also a leadership style preferred by women and a female gender trait (Antonaros, 2010; Chin, 2011; Zulu, 2011). Communication was another skill that the participants believed facilitated the policy process. The experiences of the nursing education executives highlighted that communication creates opportunities for understanding, permits everyone to have a chance to be heard, and can improve policy outcomes. Gathering evidence and data was a trait of the nursing profession that the nursing education executives found to facilitate the policy process. Findings from the study indicated that the participant viewed the collection of relevant data and research valuable as a means to guide the policy process and to garner support for policy from others.

In the political realm of policy the participants conveyed that the skill of negotiation was helpful in navigating the policy process. The nursing education executives stated it was essential to enter the policy process with a firm understanding on what they could give on and what was non-negotiable. The capacity to effectively manage change was another skill the participants considered beneficial in navigating the policy process. There was recognition that change within an organization is difficult but can be facilitated by being sensitive to the discomfort and fear change engenders in people.

A final policy skill identified from this study's data was making meaning or interpretation. The aptitude of a leader to interpret the environment and issues associated with the policy process was discussed by the participants. Creating a vision or meaning based on the unfolding events and linking it to the organization's culture permitted the nursing education executives to generate interest and allay fears related to policy.

Structural Features

Communication as a structural feature that either facilitated or impeded policy was discussed by the participants. They described the utilization of technology provided by their institutions to assist them in their work with policy; experiences with communication via electronic media, electronic documents, and conference calls were recalled. The many complex layers inherent in higher education and the large number of internal and external stakeholders were reported by the nursing education executives as being a significant barrier to successfully managing policy. The findings of this study revealed that participants did not fully appreciate the barriers to policy that complexity might create.

The data from the interviews denoted that the nursing education executives were aware of the political features present in their institutions. They shared that politics, especially the reality

of limited resources, could be a barrier to effectively managing policy. However, most of the participants described experiences that demonstrated they were involved in and had the capacity to handle the political facets of policy.

The last two structural features that were discussed by the participants can be attributed to both higher education institutions and the nursing profession. The nursing education executives indicated that their path to their current career position often was not planned. There is not a program or system in place within higher education or nursing that provides guidance, support, or mentoring for the career advancement of nurse educators. Furthermore, the dearth of formal education opportunities or curriculums was noted by the participants. Neither higher education nor nursing have adequate educational programs in place to prepare current and future nurse education leaders for the role of policy maker.

Finally, this study's findings related to complexity and nurse education policy preparation highlight a gap in knowledge. There is little research available on these important components of nursing education policy. Future research is recommended on these themes to increase the understanding of how they impact nursing education policy.

Epilogue

Upon the completion of this study, I have analyzed the entire process and reflected on its significance and meaning for me. Based on my own identity as a nurse educator who works with policy on a regular basis, many of the experiences shared by the participants were familiar and compelling. I shared in their frustrations as they relived experiences where bureaucratic processes and ambiguous requirements needlessly complicated the policy process. I felt proud to be a nurse and specifically a nurse educator when they discussed their accomplishments and successes with policy such as creating and implementing a much needed clinical track for

nursing education faculty. However, my overriding feeling was one of respect for the participants as I realized the vast body of experience and knowledge they possessed and their passion for nursing education.

When I was creating the questions for the interviews, I anticipated that the themes of collaboration and caring would emerge as they did. At first I thought these traditional nursing characteristics might represent barriers to becoming proficient with policy. Certainly, some of the literature review supported that these female characteristics hindered leadership and therefore policy ability. However, after some consideration I believe that the traits of collaboration and caring are essential to the nursing profession and serve us well whether we are at the bedside caring for patients or in the boardroom engaged in the policy process.

My literature review contained a vast amount of information related to power and to gender. I was certain based on my own experiences as a nurse in both the clinical and educational environment that one of the major themes to emerge would be associated with the power inequity of being a female leader in a male-dominated organization. At this time I still have ambiguous feeling about the fact that the data did not provide support for my own experiences with gender and power. I waver between being hopeful that gender is becoming less of a factor in leadership in our society and worrying that my professional peers are unaware of the power inequities that still exists related to gender.

My own personal bias towards special program accreditation has led me to believe that the accreditation process for nursing education programs is a tedious and anxiety-riddled practice that serves little purpose. I felt it leaned more towards punishment than towards quality improvement. The conversations I had with the nursing education executives that participated in this study have helped me to understand that accreditation can benefit a nursing education

program. As nursing educators we can look to accreditation organizations to help us ensure that our graduates provide safe patient care. Additionally, the accreditors serve as our allies in the higher education environment. I think that the participants' perspectives on accreditation are based on their years of experience in nursing education, which is in sharp contrast to the short amount of time I have been a nurse educator.

Finally, as I review the past few years and the journey I continue to travel as a scholar and as a nurse educator, I have discovered that my appreciation for the power of policy has increased. Policy is interwoven into most of the activities I complete as both a nurse educator and as a citizen of my community and country. I think about the many times that acquaintances and peers have told me that they are not interested in policy and political issues. I get the feeling that they do not think policy affects them or are just apathetic thinking they cannot make a difference. This study has reinforced my belief that whether you realize it or not, policy affects you on a daily basis. Every person has to make the decision on whether they are willing to let policy be enacted upon them or be part of the decision-making process.

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APPENDIX A: INITIAL REQUEST TO PARTICIPATE IN STUDY BY PHONE/E-MAIL

Hello, I am Jill Moore. I am a PhD student in the educational leadership program at Indiana State University. I am conducting research on the experiences of nursing education executives in the higher education environment as partial completion of my doctorate degree. I am requesting your participation in the study because you are an executive director of a nursing education program, employed at an institute of higher education, and have been serving as an executive director for two or more years. May I tell you about my study?

The aim of my study is to understand how nursing education executives approach the policy process in its entirety. Results of the study may assist the nursing profession in understanding what skills and characteristics are essential for influencing creating, and implementing policy related to the educational preparation of nursing student.

Participation in this research includes completing an interview with me about your experiences with policy, which will take approximately one hour. This interview will be audio recorded. You will have an opportunity to review the interview transcript and that will take 30 to 60 minutes. If you agree to complete the interview and review the transcript your total time commitment will be approximately 2 hours.

I will be happy to answer any questions that you have about this research study.

If you are interested in participating in this study you can notify me in person, by phone, or by e-mail. My phone number is (812) 230-7369 and my e-mail in Jill.Moore@indstate.edu.

Date

Dear

You are being invited to participate in a research study about the experiences of nursing education executives with influencing, creating, and implementing policy in the higher education environment. This study is being conducted by Jill Moore, PhDc, MSN, RN who is a PhD student in educational leadership of Indiana State University. This project is being conducted as partial completion of a doctorate degree.

You were selected as a possible participant in this study because you are; 1) an executive director of a nursing education program, 2) employed at an institute of higher education, and 3) have been serving as an executive director for two or more years.

The purpose of the study is to understand how nursing education executives approach the policy process in its entirety. Results of the study may assist the nursing profession in understanding what skills and characteristics are essential for influencing creating, and implementing policy related to the educational preparation of nursing student.

If you volunteer to participate in the study your involvement will include being interviewed by me. The interview will require approximately one hour of your time and will be audio recorded. Additionally, you will have an opportunity to review the interview transcript for accuracy which will take 30 to 60 minutes. If you agree to both the interview and review of the transcript your total time commitment will be approximately 2 hours. Please contact me by e-mail or phone if you are interested in participating in this study.

Sincerely,

Jill M. Moore, PhDc, MSN, RN
Higher Education Leadership PhD Student
Indiana State University
Contact Telephone Number: (812) 230-7369
E-mail Jill.Moore@indstate.edu

APPENDIX B: INFORMED CONSENT

Indiana State University
Leadership Higher Education Administration Graduate Program
Bayh College of Education
Terre Haute, IN 47809

Policy Proficiency: Understanding How Nursing Educators Approach Policy Creation and Implementation

You are being invited to participate in a research study about the experiences of nursing education executives with influencing, creating, and implementing policy in the higher education environment. This study is being conducted by Jill Moore, PhDc, MSN, RN who is a PhD educational leadership student at Indiana State University and sponsored by Dr. Kandace Hinton who is the dissertation committee chair. This project is being conducted as partial completion of my doctorate degree.

You were selected as a possible participant in this study because of you are 1) an executive director of a nursing education program, 2) employed at an institute of higher education, and 3) have been serving as an executive director for two or more years.

The interview will take about 1 hour to complete and will be recorded. The interview will be conducted at a time and location selected by the participant. During the interview you will be asked questions about your experiences with influencing, creating, and implementing policy in the higher education environment. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and I will stop the interview or move on to the next question. Upon completion of the transcription of the interview you will be offered an opportunity to review it for accuracy. This review will take approximately 30 to 60 minutes. You may withdraw from the study at any time without explanation. Upon withdrawal from the study all your documents and recordings will be destroyed.

Although you will not be identified by name or institution in any publications, there is a slight risk that someone who reads the final report of this project could guess your identity. If you decide to participate in this research study, there are no costs to you for participating in the study. The information you provide will be analyzed for common themes related to policy influence, creation, and implementation. Any questions you have about the project will be answered prior to you signing the informed consent.

The information collected may not benefit you directly, but the information uncovered in this study should provide general benefits for nursing education professionals and the nursing profession. The possible benefits of the project include developing a better understanding of the skills required of nursing education executives in developing policy, bridge the gap in information about political leadership skills and nursing leadership, and identify structures in higher education that either facilitate or impede the policy process.

The interviews will remain confidential, be coded to maintain confidentiality, and accessed only by myself and the sponsor mentioned above. The data will be stored in a secure place. When the data is published, no individual information will be disclosed and details that might distinguish your school will be disguised.

Your participation in this study is voluntary. Consent to participate in this study is indicated by your signing of this form and returning it to the principal investigator prior to the interview. Upon receipt of this signed informed consent an interview will be completed with the principal investigator. You are voluntarily agreeing to participate in this study. You are free to decline to answer any particular question you do not wish to answer, stop the interview, or withdraw from the study without explanation.

If you have any questions about the study, please contact Jill Moore, 749 Chestnut Street, Office 322, Terre Haute, IN 47809, (812) 237-2379 cell, (812) 237-2379 office, and email Jill.Moore@indstate.edu

If you have any questions about your rights as a research subject or if you feel you've been placed at risk, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or by e-mail at irb@indstate.edu.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Printed name of subject

_____ _____

Signature of subject Date

Indiana State University
Leadership Higher Education Administration Graduate Program
Bayh College of Education
Terre Haute, IN 47809

APPENDIX C: INTERVIEW QUESTIONS

In-Person Interview Script

Purpose: Develop rapport and acquire information about the participant's involvement and perspective related to the influencing, creating, and implementing policy for nursing education. Explore experiences and the associated context. Compose and analyze the major themes of the participant's experience with the policy process in the higher education environment.

INTERVIEW QUESTIONS

Questions about the experience:

1. Tell me about the professional path that has brought you to your current position in higher education.

2. Prior to your current position, have you been involved in policy creation and implementation?
   2a. If yes; how did that experience compare to your current experiences with policy?

3. Describe your approach to influencing the creation and implementation of policy. Probes: organized structural approach, intuitive approach, alliance approach.

4. Tell me about the skills or personal traits you utilize when working on policy. Probes: most important skills, traits that are beneficial.

5. Describe how you were prepared to assume a leadership position and manage handle policy issues. Probes: education provided at undergraduate, graduate, or employment level.
   5a. Does the nursing program you are currently employed by provide political leadership classes/training for nursing students?

6. Describe the process(es) your executive nursing committee utilizes when working on policy (if applicable). Probes: consensus, political, bureaucratic, or structural.

7. Tell me about the process your institution employs for creating and implementing policy. Probes: hierarchal (top-down), bureaucratic (principal-agent), human relations (bottom-up), or political (alliances).

8. Tell me about the structural features (if any) of your institution that facilitate the policy process.

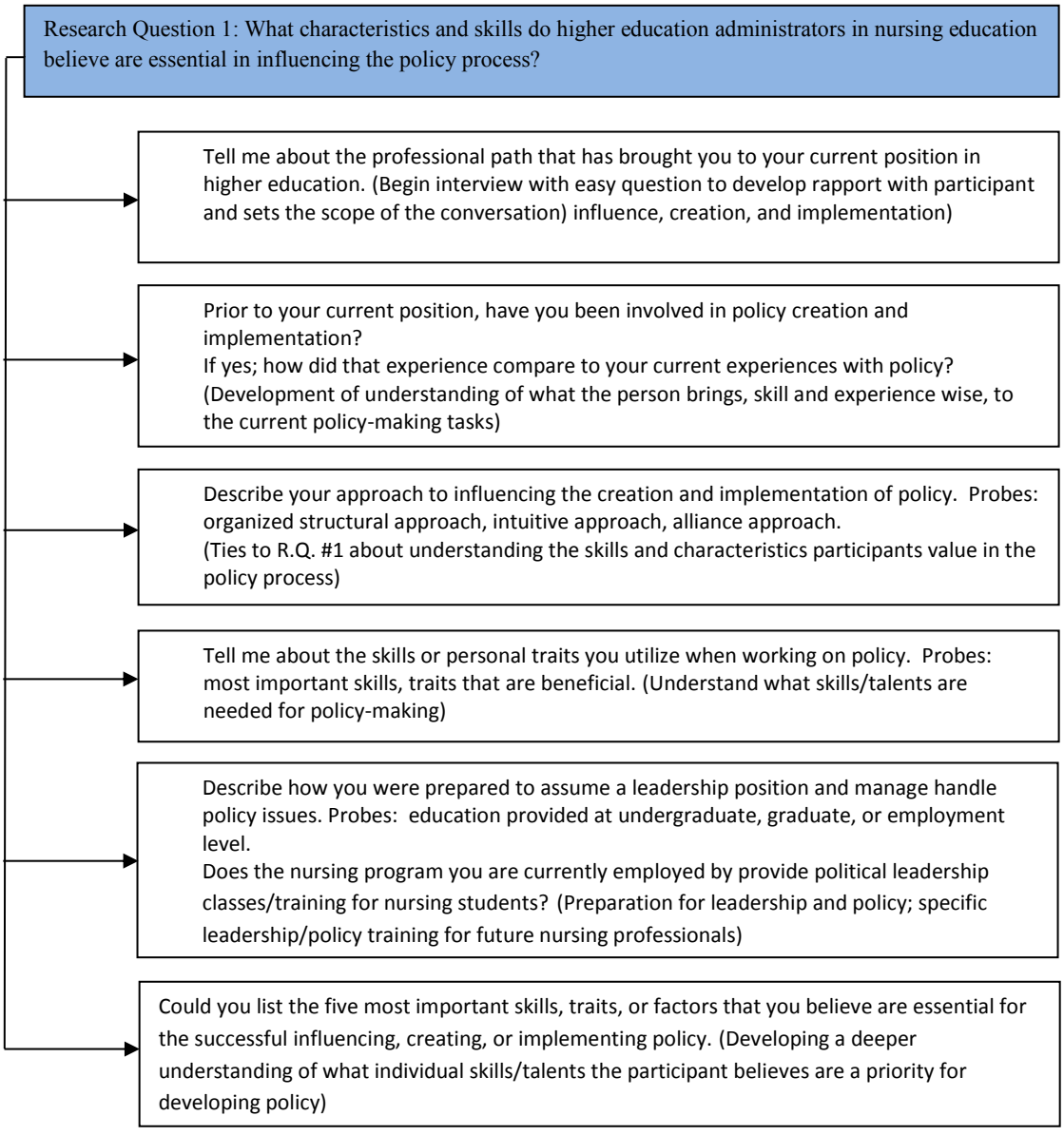
9. In what ways do the structural features of your institution impede the policy process?

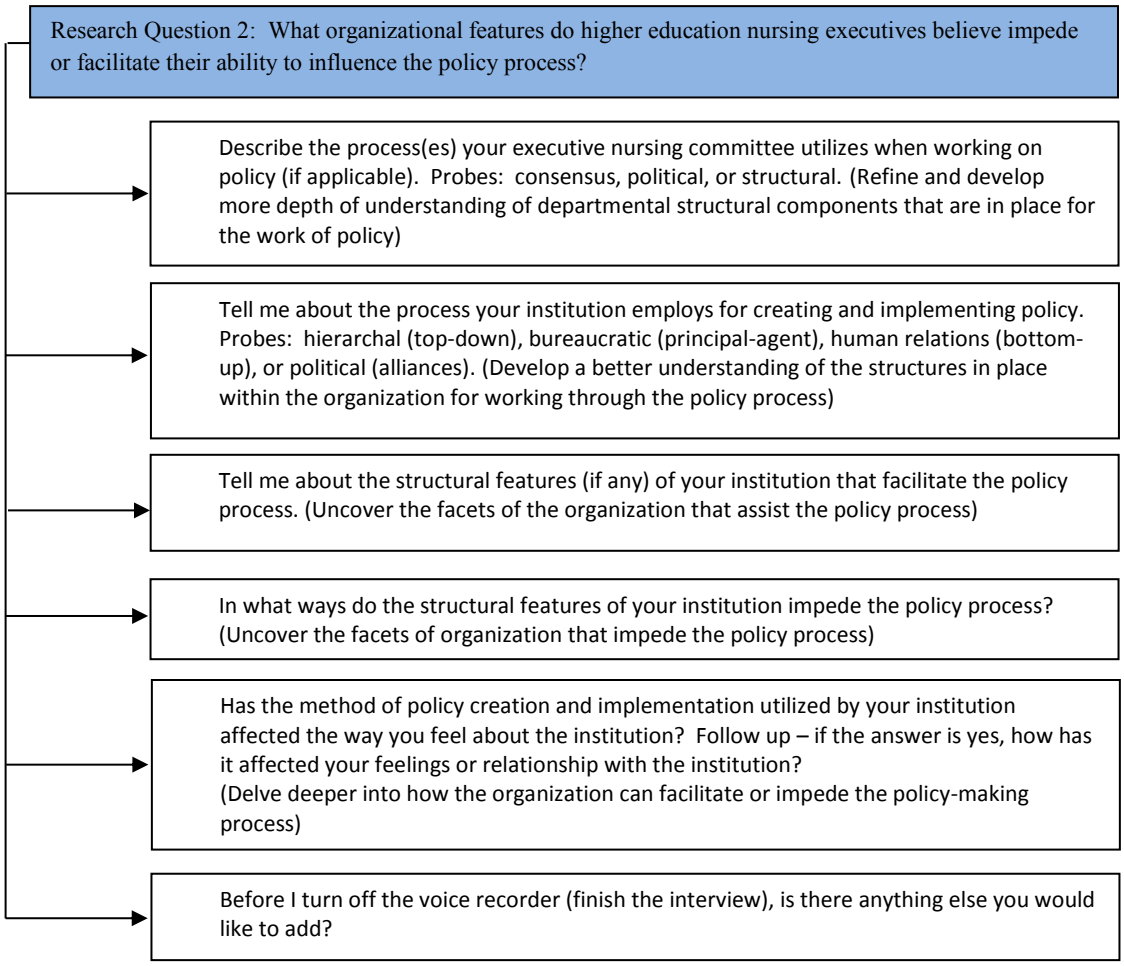
10. Has the method of policy creation and implementation utilized by your institution affected the way you feel about the institution? Follow up – if the answer is yes, how has it affected your feelings or relationship with the institution?

11. Could you list the five most important skills, traits, or factors that you believe are essential for the successful influencing, creating, or implementing policy?

12. Before I turn off the voice recorder (finish the interview), is there anything else you would like to add?

APPENDIX D: RESEARCH QUESTION MAP




Research Question 2: What organizational features do higher education nursing executives believe impede or facilitate their ability to influence the policy process?
Describe the process(es) your executive nursing committee utilizes when working on policy (if applicable). Probes: consensus, political, or structural. (Refine and develop more depth of understanding of departmental structural components that are in place for the work of policy)
Tell me about the process your institution employs for creating and implementing policy. Probes: hierarchal (top-down), bureaucratic (principal-agent), human relations (bottom-up), or political (alliances). (Develop a better understanding of the structures in place within the organization for working through the policy process)
Tell me about the structural features (if any) of your institution that facilitate the policy process. (Uncover the facets of the organization that assist the policy process)
In what ways do the structural features of your institution impede the policy process? (Uncover the facets of organization that impede the policy process)
Has the method of policy creation and implementation utilized by your institution affected the way you feel about the institution? Follow up – if the answer is yes, how has it affected your feelings or relationship with the institution?
(Delve deeper into how the organization can facilitate or impede the policy-making process)
Before I turn off the voice recorder (finish the interview), is there anything else you would like to add?