Curriculum Revolution: Realities of Change

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ABSTRACT

This article describes the experience of a generic nursing baccalaureate program’s shift from a Tylerian model to a humanistic-educative model. A shift to a humanistic-educative model required a change in views, beliefs, and values of education and nursing practice. Kuhn’s (1962) model for paradigm shift is used as a framework for presenting the stages of change which occurred, beginning with considerations to change the old curriculum model and continuing through implementation of the new. The issues which surfaced during implementation are presented. The struggles and realities of change are discussed in terms of how they affected and influenced this department of nursing’s move to a new paradigm.

New buzzwords have emerged which characterize the pulse of nursing education: critical thinking, caring, lifelong learning, empowerment, process skills, informatics. The movement to shift educational paradigms is gaining acceptance while the process of change is debated. The methods of traditional preparatory practices are challenged in view of the changing demands on professional nursing and futuristic practice. Faculty engage in curricula assessments and contemplate curricula change in order to retain the essence of nursing knowledge while at the same time fostering deeper reflective thinking. Many nurse educators feel an uncertainty regarding how, or what, to change. How does a futuristic curriculum emerge? In what ways is it different from traditional curricula? How does one shift educational paradigms?

This article describes the authors’ perceptions of a curriculum revolution and paradigm shift experience in a generic nursing baccalaureate program. A history of 6 years is reviewed, beginning with considerations to change the undergraduate curriculum and continuing through implementation. The curriculum change involved movement from a traditional Tylerian model to a humanistic-educative model, thus a paradigm shift.

Curricula and Paradigm Shift

The Tyler model (1949), defined by its behavioral approach to education and introduced in the 1960s, quickly became the paradigm for all nursing programs. Subsequently, the state boards of nursing and the National League for Nursing (NLN) based criteria for accreditation of nursing programs on the Tyler model for more than three decades. During the 1980s the appropriateness of this criteria for today’s nursing programs were challenged by nurse educator leaders and the NLN Council of Baccalaureate and Higher Degree Program (National League for Nursing, 1988). Although the Tyler model had outlived its usefulness for nursing education, it is credited with having led nursing education and nursing practice to professional levels (Bevis, 1989). This model’s structure forced nursing education to establish criteria to direct the learning process, positively influencing the service rendered by the Tyler model educated nurse.

Bevis (1989) contends, however, that the objective-driven Tyler model is far too narrow; it inhibits creativity and stifles the learner’s potential and no longer provides the framework required for educating a caring scholar-clinician for our complex society. Curricula based on the Tyler model are no longer congruent with the contemporary

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philosophical tenets of nursing and education. A new model is needed, one reflecting humanistic and educative approaches to teaching, learning and practice. Such a program would highlight caring relationships, student-faculty shared responsibilities for learning, and multiple ways of knowing. The guidelines for learning interactions would include activities characterizing nursing practice, i.e., caring, advocacy, critical thinking and praxis.

The department of nursing recognized the shortcomings of the Tyler model and committed itself to developing a curriculum based on the humanistic-educative model. Faculty recognized that this decision involved a drastic change in the curriculum. The change was labeled a paradigm shift without fully understanding that a paradigm shift would require a metamorphosis of views, beliefs, values, and processes of education and nursing.

According to Kuhn (1962), a paradigm consists of the beliefs, values, techniques, and canons shared by the members of a given community. The community's thoughts, perceptions, and values transform when a paradigm shift occurs, leading to a new vision of reality. Although Kuhn's work originally related to paradigm shifts within scientific communities, the principles have been applied to many fields. The stages of a Kuhn's concept of paradigm shift, as described by Gordon (1992), are used as the framework for discussing this department's decision to change the curriculum model. Four major stages occur in a paradigm shift: The discussion of change begins with a recognition that the old paradigm no longer solves the important issues of the discipline. Movement continues to the second stage as a greater force outside the community calls for change. Next, in response to a perceived crisis, intense dialogue determines the status of the old paradigm. Finally, there is a move to a new paradigm, which is not readily accepted but is tested and retested by both the supporters and resisters. Only when the preponderance of the community has rejected the old is the new embraced, signifying the shift has occurred.

Moving into a New Paradigm

The paradigm shift experienced by the department of nursing involved profound changes in faculty's beliefs about nursing, education, professional practice roles, and the manifestations of these beliefs in the undergraduate curriculum. The first stage of the shift began with a review of the departmental philosophy prompted by the addition of a graduate program. The revised philosophy reflected the complex nature of health, individuals and society, as well as beliefs about knowledge, learning and professional practice roles. Upon review, the undergraduate nursing program was found to be inconsistent with this new philosophy. Kuhn posits, effort is often first directed to fixing the existing paradigm rather than changing, which was the case with this nursing department. But like other communities struggling with paradigm shifts, the anticipation of the undergraduate program's upcoming review for accreditation by the National League for Nursing served as an outside imposing force continuing the momentum to change.

Much discussion occurred in the next stage with regard to the strengths of the old curriculum. Faculty ardently debated revising rather than recreating the curriculum. One position argued that creating a new "idealistic" program demanded time and energy, which were already stretched: revise rather than recreate. The alternate view considered quick revisions as short-sighted. "Repair" could not reflect a different vision of nursing as depicted in the new philosophy nor would it provide students with tools for future practice. Those faculty favoring a shift cited the emerging literature relating to nursing education as support for their position. For example, Noddings' (1984) examination of caring provided a framework to bridge education and practice; Gilligan (1982) and Belenky, Clinchy, Goldberger and Tarule (1986) refocused understandings of women's learning styles; Bevis and Watson (1989) directed attention to learner maturity and learning topologies; and Benner (1984) validated the importance of expert practitioners to novice skill development. And as mentioned previously, the NLN (1988) was mobilizing nursing programs to utilize these ideas, proclaiming a need for "curriculum revolution."

A review of several years of faculty and student course evaluations identified structural constraints to satisfying teaching-learning activities. Subsequent discussions brought to the surface faculty frustrations with the content-laden nature of the program. Information had been added over the life of the curriculum with few deletions or substitutions. Passive learning and superficial examination were necessitated "to cover all the material" expected. Discussions regarding content areas mushroomed to include the "sacred cows" of the program, teaching approaches, student responsibilities, course structures, and faculty dynamics.

Mindful of the larger nursing community to be affected by the department's curriculum change, an Undergraduate Curriculum Advisory Board consisting of nursing service administrators and educators, reviewed curriculum issues with faculty. The Board encouraged a focus on analytic abilities over technical skills to prepare nurses for the changing health care system, the rapid proliferation of health knowledge and technology, and diverse client needs. The faculty agreed that the curriculum needed revision for compatibility with the new philosophy. Consensus was reached to relinquish all aspects of the Tyler model. This decision brought us to the most challenging stage of the paradigm shift, the implementation of the new curriculum and movement into the new paradigm.

According to change theory (Hersey & Blanchard, 1993), an acceptance of the revised philosophy and the humanistic-educative model would occur first in an individual faculty member and then in the faculty as a whole. Individuals' attitudes, beliefs, and behaviors need to change with the ultimate goal being that the group would let go of the old paradigm and accept the new. Change theory provides insights into the dynamics of a paradigm shift.
Lewin's Force Field Analysis (1951) describes the interplay of driving and restraining forces throughout any change. Driving forces initiate change and perpetuate momentum. Restraining forces act to curb or decrease the driving forces, thwarting change to maintain the status quo.

This department's experiences with curriculum change illustrate Lewin's theory. The driving forces arose from preparing for accreditation, discussions of emerging theory, and identifying the program flaws. The restraining forces included the established norms of curriculum structure, educational values, and teaching practices. Lewin contends that implementing changed behaviors requires strategies which consider all aspects or parts of the system likely to be affected. When the group to be affected the most by the change is committed to, and involved in change, success is more likely. Hersey & Blanchard (1993) define this process of change as participative rather than directive change, the former being slower but more assured of a positive outcome. Bevis (1989) stresses the importance of time and resources for faculty development if the humanistic-educative curriculum model is to be successfully implemented.

To this end, several faculty workshops were held to explore strategies to incorporate beliefs and values of the new curriculum's caring-teaching interactions, student empowerment, critical thinking, and qualitative methods for evaluating learning. Faculty forums provided a mechanism for active discourse, sharing of insights, experiences and concerns. Students participated by sharing their perceptions, experiences and concerns throughout curriculum planning and in the critique of new courses.

**Issues of the Paradigm Shift**

Several issues highlighted the implementation of the new model/paradigm and continue to be ongoing concerns. These issues include balancing content and process, fear of failure, maintaining standards, and accepting responsibilities for active participation. The core of every issue questions the necessity for, and degree of, change. A history of successful NCLEX pass rates and effective professional graduates is evidence that the old curriculum/paradigm worked. We continue to ask "Why throw out the baby with the bath water?" and "Have we gone too far with curriculum changes?" All faculty recognize that the changing context of health care delivery and the rapid proliferation of knowledge demand corresponding changes in professional education. But many continue to question the need for radical change.

**Content versus Process:** The content issue emphasizes the need for information before understanding and applying it in nursing practice. The process issue values critical thinking abilities for safe, appropriate decision-making and recognition of multiple perspectives. The tension between content and process was highlighted as curriculum design options were explored. Initially, the redesigned curriculum emphasized process, with select content as a vehicle for facilitating process skills. This approach necessitated that much of the content-laden program be deleted to allow for in-depth processing of specific content. All content was scrutinized to identify "essential knowledge." The initial willingness to delete "non-essential" content in favor of time for reflection and analysis of limited content proved difficult to operationalize. Most faculty experienced difficulty relinquishing the content which they valued.

This issue is, at present, tenuously resolved through agreement honoring academic freedom to identify specific course content. Course goals and clinical competencies describe process outcomes; faculty individually choose the content used to reach the outcomes. Some faculty examine an issue in depth focusing on a prototype content area, others teach new curriculum courses in a manner similar to that of courses taught in the old curriculum/paradigm. Although this resolution seems to be working, the content/process issue will re-surface as the issue of maintaining quality is considered.

The content/process issue exposes inconsistencies between our beliefs and our practices. Process skills are highly valued for professional practice amidst rapidly developing technology and knowledge. Yet, faculty are more comfortable with content-focused teaching than with process-focused teaching. Resolving this issue requires faculty to develop expertise teaching analysis skills rather than focusing on the content to be analyzed. There is evidence in the literature (Belenky, Clinchy, Goldberger, & Tarule, 1986; Benner, 1984; Cousins, 1985; Diekelmann, 1990; Freire, 1970, 1975) that teaching styles must be varied to meet the diversity of the learners' needs and subsequently tap their potential for achievement.

Philosophically, faculty agree that lecture is not effective for long-term content retention or in-depth understandings. Faculty also concur that students struggle in learning to think "as a nurse" with clarity and precision. However, teaching actions are not consistent with beliefs. Perhaps because most faculty have only experienced education in a traditional paradigm, faculty cannot draw from personal knowledge as a guide for other ways to teach. Perhaps because the previous paradigm limited creative and innovative teaching approaches, faculty are less imaginative. And perhaps because actually doing what is new and different is risky, it generates a fear of failing.

**Fear of Failure:** Fear of failure invokes personal and emotional responses to risk-taking. It abides in both faculty and students in terms of confidence and rewards. The following questions illustrate fear as a restraining force within both faculty and students: "Why teach differently when present approaches are effective?" "How will I compare with others if learning activities vary?" "How will I recognize success when the process and activities are new and therefore uncomfortable?" "Will my teaching/learning be rewarded and recognized by other faculty and students who have different experiences with teaching/learning?"

The previous educational paradigm clearly defined successful teaching and learning. Faculty and students shared a common history of educational paradigms, as the
expectations were instinctively discerned and the measures were familiar and concrete. The "good students" remembered, recognized and applied information appropriately to situations. Learning was apparent in behaviors and externally rewarded through grades. The "good teacher" clearly described the information students needed to know in a concise, organized and effective manner. Quality teaching was apparent in student success and rewarded through student evaluations of faculty.

Fear of failure was recognized early in the change process as a significant possible restraining force. Overcoming fear of failure remains a challenge. The paradigm shift was undertaken with no purposeful approach to minimize or diffuse the risks of failing other than identifying the reality of these fears. This issue was initially a topic of faculty discourse, but has become a quiet conversation amongst like minds. The new paradigm seemingly disregards previous rewards while creating discomfort with the actual processes of teaching and learning. The emphasis on interactive teaching strategies is internalized by some faculty as pressure to be creative and imaginative. Some protest that changing an approach to teaching is an unnecessary use of faculty time and energy. Students argue that diverse teaching approaches cause continually confusing expectations ("How will I know when I've learned what I need to know?"). Some complain that faculty expect too much independent learning ("Why am I paying tuition?"). Others devalue grades derived from projects in comparison with those derived from objective tests.

Our university system places considerable importance on students' evaluations of teaching. Some faculty have received biting teaching evaluations from students and low ratings on quantitative measures following the use of alternative approaches. Low evaluations were noted on annual reports and raised concern in the promotion and tenure process. Perhaps students' fear of failure is stronger than faculty recognize and is projected in teaching evaluations. Perhaps faculty's fear of failure intensifies with personal critique and peer and student judgments, diminishing effective teaching. Perhaps outcomes of learning are better indicators of effective faculty-student interactions than are teaching evaluations—shifting the focus from teaching to learning.

The experience of this department of nursing underscores the importance of defining "measure of success" and "rewards" early in the change process to decrease fears. Planning for curriculum change tends to focus on content and process, neglecting the impact of personal perceptions and tangible rewards.

Maintaining Standards: It is imperative that the curriculum be evaluated to examine how the outcome competencies are actualized—that students are educated in the areas we pretend to educate. Faculty are obligated to uphold curriculum standards to address consumer expectations, both for the consumer as a health care client and the consumer as nursing student.

The essence of change questions the effectiveness of new approaches. The standards used to evaluate a curriculum based on a humanistic-educative paradigm are assumed to be similar to the standards used to evaluate a Tyler model-based curriculum arising from the traditional educational paradigm. Faculty are drawn to use the same measures which evaluated the Tyler model. Since two curricula ran simultaneously for three years, several faculty taught in both the old and new. Differences between paradigms blurred as these faculty taught and assessed learning in ways that "felt most appropriate." The recognition of differences between new and old paradigms challenge the validity for using the same measures for both.

The department of nursing looked to the State Board of Nursing and the National League for Nursing to legitimize the new curriculum and proposed paradigm shift. Approval was received from both, indicating that the proposed measures of learning met the standards set by the two accrediting bodies. Yet an uneasiness lingers that outcome competencies, as learning standards, present vague, subjective and soft assessments of learning unlike the clear and objective behavioral assessments. This underscores a general feeling of distrust with competencies and measures of learning derived from subjective testing, journaling, student self-evaluations and independently designed projects. An element of doubt will persist until the new evaluation measures are validated using previously accepted measures. NCLEX pass rates have become the bottom line, although paradoxically the NCLEX is also challenged as a valid reflection of professional understandings and decision-making abilities. Faculty are uneasy regarding how the "new curriculum" students will fare on the NCLEX.

Responsibilities as an Active Participant: Embedded within the new paradigm is an emphasis on responsibilities and participation. It applies to the process of teaching and learning as well as faculty-student and faculty-faculty dynamics. Issues emerge as traditional roles and responsibilities become blended and expanded. Traditionally, faculty have assumed responsibility for student learning. The new curriculum/paradigm accentuates the responsibility of students for their own learning and highlights the professional ethic of self-responsibility for life-long learning.

The faculty responsibility is to facilitate learning, i.e., model, provide and structure opportunities, offer alternative perspectives, explicate professional expectations and reward. Faculty facilitate between responsibility for facilitating student understanding of process and responsibility for student understanding particular content.

Paradoxical messages are concealed in expectations about responsibility for learning. Faculty do not trust that students can or will take on responsibilities for understanding, applying, and contextualizing information without the pressure of specific assignments. Too many assignments are tasks rather than meaningful learning. The multifaceted lives of students are acknowledged and faculty shield students from additional stress. Faculty
protect their own personal situation by avoiding labor intensive teaching approaches. Independent choices with learning activities cause faculty discomfort when students' perceptions differ from those of faculty. Mature learners direct their own learning.

The humanistic-educative paradigm expands faculty roles, relationships and responsibilities with colleagues as well as with students. Empowerment, advocacy and caring must be established among faculty before these concepts can be actualized with students. The organizational structure of the department of nursing was restructured to promote faculty participation with governance of the department, budget decisions and workload responsibilities, yet the wider roles are resisted because of “additional work.” Interestingly, this response parallels that of students with newly assumed responsibility for their own learning.

Lessons and Insights

Kuhn (1962) describes the final movement into a new paradigm as a period of testing and retesting before the new paradigm is accepted. The department of nursing has tested the paradigm throughout four years of teaching the new curriculum, yet the shift is not fully accepted. While this is discouraging, it is vital to view a paradigm shift as much greater than a curriculum revision. Philosophies are complex concepts, requiring time to evolve and reflect new visions of reality.

The process of paradigm shift begins as faculty examine and articulate a philosophy of education. This critique and resulting discourse perpetuate the initial driving forces of change. Although somewhat authoritarian as a stimulus for change, the accreditation process is powerful pragmatism. The process compels formal discourse examining beliefs about nursing and education. It directs attention to the congruence of teaching approaches with educational and nursing philosophies. The vision of curriculum revolution and paradigm shift dims without purposeful focusing and reflection. It is imperative that this discourse continues beyond the accreditation process.

Nursing philosophy is transmitted through a philosophy of education. Students are socialized into nursing through the lived experience of nursing education. Taking on a philosophy of practice is related to experiencing a lived philosophy. Thus, teaching approaches must reflect the intended philosophy. Dewey (1933) describes collateral learning as the attitudes which are transmitted by educators which last longer than the content learned and may be more significant.

While faculty attribute reluctance to initiate curriculum change to the uncertain responses of the overseeing and regulatory agencies, the strongest barrier to change is ourselves. The issues of content versus process, fear of failure, maintaining standards and responsibilities for participation are not unfamiliar to faculty roles. However, the uncertainty of change exposes these issues with greater strength and magnitude. We must view the curriculum revolution a revolution of the whole of nursing education. Constant vigilance, careful attention to restraints and purposeful strengthening of the driving forces is essential for the revolution to be internalized.

References


