

Exploring the Challenges and Issues Facing Undergraduate Nursing Education in one
Canadian Province from an Institutional Theory Perspective: A case study

by

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B.Sc.N, University of Alberta, 2006
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Abstract

Aim

The study aim was to explore the issues and challenges facing undergraduate nursing education in one Canadian province from an institutional theory perspective. The research questions were: What is the institutional field of nursing education? What are the issues and challenges facing nursing education? How is the institutional field of nursing education contributing to the issues and challenges? How are the issues and challenges contributing to the institutional complexity?

Background

Nursing education is essential for the health care of society, yet face various issues and challenges at the system level. Institutional theory has been used in higher education to better understand how higher education institutions are structured and operate. Institutional theory has not been used in nursing education. The issues facing nursing education have been examined from a critical or descriptive perspective, but a system-level perspective is missing. Institutional theory could fill this gap and examine the institution of nursing and how its structure, behaviours, and rules influence those issues and challenges.

Methods

An exploratory single-case study with embedded units design was used. Theoretical propositions from institutional theory informed the sample, recruitment, data collection, and data analysis. In 2019, representatives from organizations comprising the institutional field of nursing education and senior-level administrators were interviewed and relevant documents were collected and reviewed. The data were analyzed using deductive and inductive thematic analysis, building a case description, and visual analysis techniques.

Findings

The findings from sixty documents and seven interviews suggested the institutional field of nursing education is composed of postsecondary institutions, health service organizations, the regulatory body, the ministry for health, and the ministry for postsecondary education. The issues and challenges facing nursing education included demands on curricula, teaching and learning values versus practice, the relationship between education and practice, limiting financial supports, clarity of the RN role, and need for faculty. The institutional field of nursing education is complex and includes dominant organizations, such as the regulatory body and health service organization, and the non-dominant organization, postsecondary institutions.

Discussion / Conclusion

The use of institutional theory was beneficial to explore the issues and challenges facing undergraduate nursing education from a system-level perspective and captured the complexity within the system. The institutional field including the influences of structure, dominance, and complexity impact the issues and challenges facing nursing education. The institutional perspective of the issues and challenges diverges from previous examinations. In addition, the use of institutional theory in higher education offers strategies for advocacy in nursing education. Recommendations for nursing education practice, policy, and research include: (a) awareness of the organizations comprising the institutional field of nursing education, (b) including the nursing education accreditation body and the professional association within the interorganizational structures, (c) acknowledgement of the sources of dominance within the field, and (d) developing strategies for academic nurse leaders to navigate the complexity of nursing education. The most urgent consideration arising from this research is the dominant forces from

regulation and health service organizations and the subsequent non-existence of the professional voice of nursing for nursing education within the institutional field.

Keywords: Nursing education, institutional theory, institutional complexity, dominant organizations, case study

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List of Abbreviations

CASN	Canadian Association of Schools of Nursing
NCLEX-RN	National Council Licensure Examination – Registered Nurse
PN	Practical nurse
RN	Registered Nurse
WHO	World Health Organization

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Chapter 1 – Introduction

This research explored the issues and challenges facing undergraduate nursing education in one Canadian province from an institutional theory perspective. The issues and challenges became the phenomenon of interest because of my professional experience in nursing education, discussion amongst academic nurse leaders, and the absence of a system-level exploration within existing literature. Institutional theory considers how an organization’s structure, rules, and practices are established and influenced by social pressures (Scott, 2005). An institutional perspective has been increasingly used in higher education research, but was notably absent within the nursing education literature. Conceptualizing nursing education as an institution and using concepts of institutional theory has informed the identification of theoretical propositions in this case study including research design, data collection, data analysis, discussion of the findings, and implications for future research, education, and policy. In this chapter, I introduce the impetus for the study of nursing education as an institution, define institutional theory, situate myself as an insider-researcher, and outline the research purpose.

Importance of Nursing Education

Nursing education plays an essential role in health care. Nursing education prepares students to enter the workforce by giving them the foundational competencies they need to safely care for patients. The “State of the World’s Nursing Report” (WHO, 2020) states that nurses “make a central contribution to national and global targets related to a range of health priorities, including universal health coverage, mental health and noncommunicable diseases, emergency preparedness and response, patient safety, and the delivery of integrated, people-centred care” (p. xii). Nursing education ensures that nurses entering the profession have the knowledge, skills, and attitudes to make these contributions to health care. Additionally, the World Health

Organization (WHO, 2020) highlights the importance of nursing education to address domestic and global workforce needs, respond to advancing technologies in health care, and advance nursing care for improvements in health for all. That is, in order to promote health and prevent disease, quality nursing education needs to be responsive to the health human resources/workforce needs, be responsive to changes with health care delivery, and improve the nursing profession.

Academic nurse leaders in nursing education are tasked with supporting this call for nursing education, promoting foundational competencies and fronting system-level changes to achieve improvements in health for all. Over 60 years ago the Royal Commission on Health Services (Hall, 1964), acknowledged the importance for nursing education to not only meet the professional mandate of producing graduates to provide safe and ethical care to the public, but to also meet the education mandates regarding knowledge creation and advancing the discipline. In today's context nursing education needs to capture: (a) the complexity in health care, (b) an expanding body of knowledge, (c) rapid integration of digital technologies, (d) accountability, (e) an ethical practice, and (f) diversity so that graduates have a solid practice foundation to meet the nursing and health care needs of society (CASN, 2011; WHO, 2020). Nursing education programs also need to advocate for nurses working to their full competencies, for nursing leaders to be directly involved in health policy decision-making with multiple organizations, and for minimal standards of education (Baker et al., 2020; CASN, 2011; WHO, 2020). Academic nurse leaders need to understand the complexities, the players involved, and the issues and challenges facing nursing education in order to carry the mandate for nursing education, as well as other organizations and their interrelatedness.

Gaps in Existing Research

The various issues and challenges facing nursing education are often discussed as only impacting nursing education programs and not other health care organizations. Based on the importance of nursing education we know that these programs do not act in isolation from other health care organizations; this has not been addressed in the research to date. An exploration of the complete, complex system of nursing education – that is, a system-level understanding of nursing education and the perspectives that would support an exploration at this level – is missing. Nursing education and organizational leaders need to broaden our understanding of nursing education at a system-level.

Similarly, there is a lack of knowledge of institutional complexity in academic nursing leadership. That is, the issues and challenges discussed within the existing literature do not acknowledge the possibility that one issue may be experienced differently by each organization within nursing education. In an interview on leadership in Canadian nursing education, Dr. Deborah Tamlyn, past president of the Canadian Nurses Association and the Canadian Association of Schools of Nursing (CASN) as well as a former Dean and Director at two schools of nursing education in Canada, explains that the issue of competing demands is one of the most challenging aspects of nursing education today (Myrick & Pepin, 2016). Although this statement acknowledges multiple challenges faced by academic nurse leaders, it is limited to the nursing education program perspective and does not incorporate a system-level complexity perspective whereby the issues facing nursing education may be perceived differently by other organizations involved in it. This institutional complexity could be leading to some of the issues and challenges.

The research problem is twofold. First, the issues and challenges facing nursing education are explored or discussed in isolation; and second, current perspectives used to study issues and challenges in nursing education have not supported a system-level exploration to date.

Institutional theory is one perspective that can accomplish this. An exploration of the issues and challenges facing nursing education is important as the issues and challenges could be impeding the role of nursing education for quality nursing and health care for society.

Institutional Theory

Institutional theory was first introduced in the 1940s; however, Philip Selznick's book entitled "Leadership in Administration" (1957), is often credited with originating this perspective and what is now known as old institutional theory. Institutional theory has to do with understanding organizations as a social entity impacted by their context (Cai & Mehari, 2015; Scott, 2005). In the beginning, this was an innovative way to study organizations as it looked beyond efficiencies or the organization itself (Cai & Mehari, 2015; Selznick, 1996). For instance, the behaviours of an organization would be studied based on political influences within and among organizations (Cai & Mehari, 2015; Selznick, 1996). Over the years, institutional theory has expanded to include various aspects such as the relationship between the organization and environment, contrary practices and frameworks facing organizations, and the role of individual actors in organizational change (Bastedo, 2005; Cai & Mehari, 2015; Thornton et al., 2012). During that time, institutional theory has been taken up in various fields – business, sociology, political science, health care, and education.

Institutional theory stems from sociology arguing that an institution is a system of social rules and values that structure interactions between organizations (Hodgson, 2006); and it is structured on six underlying assumptions that political and social structures influence the

construction and behavioural habits of organizations (Hodgson, 2006; Meyer & Rowan, 1977; Scott, 2005). Specifically, these assumptions are: a) multiple agencies and societal expectations influence the meaning and values of an institution; b) social recommendations may be implemented into practice without question, thus difficult to change; c) social rules, norms, and expectations provide prescriptions for organizational behaviour; d) organizations may ceremoniously adopt social expectations to balance conflicting demands; e) organizations are deemed legitimate by conforming to social prescriptions and securing public support and endorsement; and f) organizations become more alike over time because they experience comparable social expectations and pressures for conformity (Raynard, et al., 2016; Suddaby, 2013).

There are multiple aspects of institutional theory each presenting different foci within organizational studies.

- **Old institutional theory:** characterized by the belief that understanding an organization goes beyond studying the organization's efficiency; it rather examines the processes and strategies from within the organization (Cai & Mehari, 2015; Selznick, 1996). Old institutional theory is focused internally on an organization and examines the social structures within it to explain the rules and practices.
- **New institutional theory:** externally focused; it examines the relationship between the organization and the environment (DiMaggio & Powell, 1983; Meyer & Rowan, 1977). New institutional theory introduces common concepts within institutional studies such as the institutional field, isomorphism, and legitimacy.

- The *institutional field* is composed of organizations contributing to the institutionalization of an organization which may include suppliers, consumers, and regulatory agencies (Cai & Mehari, 2015).
- *Isomorphism* is a process by which organizations become like other organizations (DiMaggio & Powell, 1983). The mechanisms of isomorphic change include coercive, mimetic, and normative isomorphism (DiMaggio & Powell, 1983). Coercive forces are largely viewed as political pressures; mimetic forces stem from uncertainty and encourage imitation; and normative pressures stem from the norms and regulations of professions (DiMaggio & Powell, 1983). Dominance stems from coercive isomorphism whereby there is a strong force or influence impacting another organization's behaviour or acts as a mechanism of change (DiMaggio & Powell, 1983).
- *Legitimacy* explains that organizations will conform to societal expectations, rules, and rational myths to be considered a legitimate organization (DiMaggio & Powell, 1983; Meyer & Rowan, 1977; Suddaby, 2013).
- **Old and new institutional theory:** a combination of both the introspective (old institutional theory) and institutional field/environment focus (new institutional theory).
- **Institutional logics:** symbol, practice, or rule focused; it used to examine (a) how organizations give meaning to their activities; (b) heterogeneity within an institutional field and among organizations; and (c) multi-level analysis (Thornton et al., 2012).

- **Institutional entrepreneurship:** individual (person or organization) focused; it used to examine who initiates, implements, or sustains change within the institutional environment (Cai & Mehari, 2015).
- **Institutional complexity:** the presence of multiple, incompatible logics that create challenges and tensions for the organization (Greenwood et al., 2010; Greenwood et al., 2011; Thornton et al., 2012).

The key perspectives for each institutional theory aspect are shown in Table 1.1.

Table 1.1

Aspects of Institutional Theory and Key Perspectives

Aspect of institutional theory	Key perspectives
Old	Change within an organization, informal action, and local stakeholders.
New	The relationship between the organization and its environment/ organizational field; isomorphism (dominance), legitimacy, stability.
Old and new	Action and structure both within and outside an organization.
Institutional Logics	Socially constructed patterns or symbols of the institutional field by which individuals or organizations provide meaning to their activities.
Institutional Entrepreneurship	The actions of individuals who create, promote, and sustain change.
Institutional Complexity	Multiple, incompatible logics that create tension for organizations; complexity is shaped by changing processes within the institutional field.

The main concepts used throughout this research related to institutional theory are institutional field, dominance, and institutional complexity. I used *New Institutional Theory* to define the institutional field of nursing education, to explore how the institutional field contributes to the issues and challenges, and to emphasize the structure of nursing education; and

dominance to look at how the organizations within the institutional field exerted pressure on other organizations. I used *Institutional Logics* to look at how the structure of the institutional field enabled and constrained action from the various organizations involved in nursing education. Lastly, I used the *Institutional Complexity* perspective to focus on areas of tension within the institutional field that came from or led to issues and challenges.

Researcher Standpoint

A reflection of my experience as a nursing faculty member and the chairperson of a department of nursing education, while simultaneously enrolled in doctoral studies, underpinned my approach to this dissertation. In my experience, academic nurse leaders discussed common issues and challenges facing nursing education with other academic nurse leaders. These discussions included how they worked within or around the challenges. Rarely did the discussion include how one issue contributed to, or created, another issue. I also noticed that the discussion would become censored when leaders from nursing organizations outside of academia were present. This led to my questioning why the issues and challenges facing nursing education were not being discussed openly with everyone involved in nursing education, and, why academic nurse leaders censored or remained silent about the issues they were facing when other organizations were present?

The first article I read as a PhD student was Rolfe's (2013) "Thinking as a Subversive Activity: Doing Philosophy in the Corporate University." This article seemed to capture what I was experiencing in my work while also drawing attention to a contradiction. In this article, Rolfe (2013) discusses corporatization of the academy and highlights the opposing corporate values with nursing's humanistic values while at the same time acknowledging that nursing education benefitted from the corporate movement in universities by moving from hospital-based

training to university-based education. This contradiction and the discussions that I had been privy too led me to think of nursing education at a system or institution level and to examine whether the structure of the institution was contributing to the challenges. For example, using the contradiction highlighted from Rolfe (2013), was the move to university-based education creating – or sustaining – issues and challenges for nursing education? If so, what were they, and how were they being created or sustained?

A directed study course I took focused on contemporary issues in higher education and opened my eyes to a number of issues that are not discussed at an institutional level in the nursing education literature, whereas the higher education scholars do. My study of higher education issues highlighted the need for nursing education to take an institutional-level perspective. I was left wondering why nursing education had not been conceptualized as an institution. How would conceptualizing nursing education as an institution be beneficial for understanding the issues and challenges? What would conceptualizing nursing education as an institution add to the existing literature?

The Purpose of the Study

The purpose of this study was to explore the issues and challenges facing nursing education in one Canadian province from a system-level perspective. Utilizing an institutional theory perspective this research sought to define the institutional field of nursing education, identify the issues and challenges facing it, and explore the connections between the issues and challenges and the institutional structure of nursing education. The research questions were:

1. What is the institutional field of nursing education in one Canadian province?
2. What are the issues and challenges facing the nursing education institution in this province?

3. How is the institutional field of nursing education in this province contributing to the issues and challenges?
4. How are the issues and challenges facing nursing education in this province contributing to the institutional complexity?

Significance of this Research

Research of this type is important because it acknowledges the work of academic nurse leaders, acknowledges the complexity of the context, provides propositions or hypotheses for future research, strengthens the importance of nursing education within health care, and provides language to describe the tensions within the system. Conceptualizing nursing education as a system and acknowledging the multiple organizations within the system can provide an alternative perspective to exploring not only the issues and challenges but other phenomenon influenced by the social structure, behaviour, and rules within the institutional field of nursing education. A system-level understanding of nursing education can address the needs of societal health through an awareness of workforce needs, health care delivery changes, challenges facing nursing education programs, regulatory changes, and professional nursing advances. That is, a system-level understanding of nursing education can improve societal health by preparing graduates to be responsive to the needs within health care and nursing. Current examinations look at a few of the structures and specific issues or challenges facing the nursing education system; it is unknown if all the issues and challenges have been brought forward in the current discourse.

Dissertation Outline

This dissertation is organized as a traditional dissertation reporting on this research project. In Chapter 2, I provide a review of literature in five sections: (a) history of nursing

education in Canada, (b) the issues and challenges facing nursing education, (c) the use of institutional theory in higher education research and opportunities for application into nursing education, (d) case study as a research method and its use in nursing, and (e) a combined synthesis of the literature providing context for this research. In Chapter 3, I present the methods in two sections: first, the research design using Yin's (2018) exploratory single case with embedded units; and second, the application of this method as my research process. The study findings for each research question are described in Chapter 4. In Chapter 5, I discuss the findings in relation to the research purpose, theoretical propositions, and existing literature. Also included in this chapter are the limitations and strengths of this study, and recommendations for research, education, and policy. Chapter 6 is a compilation of the summaries from all previous chapters from this research. Lastly, in Chapter 7, I included post-script discussions on significant events that occurred after the data collection and interpretation of the findings that are worth noting for consideration of future research and application of institutional theory to nursing education: COVID-19 global pandemic and the separation of the regulatory body and professional association into two separate organizations.

Summary

Nursing education is essential to the health of the people in society. An exploration of nursing education from a system-level perspective is missing within existing literature, which has resulted in isolated explorations of the issues and challenges facing nursing education. Institutional theory is one perspective that could provide an institutional-level (system-level) exploration of the issues and challenges facing nursing education. The aspects for institutional theory used in this research are new institutional theory, institutional logics, and institutional complexity. My standpoint as an academic nurse leader has influenced this research from

identification of the problem, establishing the research purpose, and throughout the research process. As stated above, the purpose of this study was to explore the issues and challenges facing nursing education in one Canadian province from an institutional theory perspective. The following chapters are organized traditionally to present this work.

Chapter 2 – Review of the Literature

I present my literature review in five sections in order to incorporate current literature and provide the context for this research. This chapter is organized as follows: (a) a review of the history of nursing education in Canada, (b) a review of literature on the issues and challenges facing nursing education, (c) a review of the application of institutional theory in higher education research, (d) a review of case study as a research method and its use in nursing, and (e) a synthesis of the literature to provide context for this research.

Nursing Education in Canada

An article entitled “History of Nursing Education” appeared in a recent special issue of the journal of the Canadian Association for Schools of Nursing, in which Nelson and Paul (2020a) state “the history of nursing education is a rich but sadly neglected topic for nursing historians” (para. 1). They continue by saying little is known of the vision, choices, and successes that resulted in nursing education as it is today (Nelson & Paul, 2020a). Of particular significance to my research were the committees and task forces that worked to move nursing education from hospital training into the academy, as well as the works of Dr. Helen Mussallem (1965), the Royal Commission by Chief Justice Emmett M. Hall (1964), and the recommendations of the Alberta Task Force on Nursing Education in 1976. The move to the academy not only led to the eventual development and acceptance of an undergraduate nursing degree for entry-to-practice, but arguably set the foundations for the institutional field of nursing education.

Historical descriptions of nursing education in Canada are provided by Pringle et al. (2004) and the Canadian Association of Schools of Nursing (2012), and both highlight many changes in nursing education. For example, the University of British Columbia established the

first baccalaureate nursing degree program in the world in 1919, as well as the baccalaureate for entry-to-practice by 2000 for all provinces in Canada. In the 1960s, Dr. Helen Mussallem conducted a study examining the existing hospital and university nursing diploma programs for their readiness for accreditation. She concluded that only 16% of the hospital diploma schools could meet accreditation standards (Mussallem, 1965). A recommendation to close the smaller hospital schools was put forward as these schools could not deliver education to accreditation standards (Zilm & Warbinek, 1994). This study was followed up with a report and recommendations that all nursing education programs be controlled by educational institutions (Duncan et al., 2020).

At the same time, Chief Justice Emmett M. Hall reported a Royal Commission on Health Services (1964) which echoed Mussallem's work on nursing education. In Chief Justice Hall's report, nursing education was identified as being in need of restructuring, stating "the apprenticeship-type system by which the majority of nurses are now solely trained clearly requires re-examination" (Hall, 1964, p. 63). Recommendations from this commission included the establishment of a provincial nursing education planning committee which was an advisory group to the minister of health with the mandate "to plan and direct the gradual and orderly development of nursing education. The Committee should be representative of the provincial Nurses Association, the Hospital Associations, University(ies), the Hospital Insurance agency, and the Department of Education" (Hall, 1964, p. 67). One could argue that this provincial nursing education planning committee was the foundation of the institutional field of nursing education.

In 1982, the Canadian Nurses Association unanimously adopted the recommendation for the baccalaureate requirement for entry-to-practice RNs by the year 2000 as put forward in 1976

by the Alberta Task Force on Nursing Education (CASN, 2012; Nelson & Paul, 2020b). By 1989, all provincial RN associations (apart from Quebec) had signed on for the baccalaureate degree as the minimal entry-to-practice requirement with different implementation dates (CASN, 2012). The baccalaureate requirement led to collaborations between universities and colleges to deliver nursing education programs across the country (Nelson & Paul, 2020b). The Canadian Association of Schools of Nursing (CASN, 2019) reports that there were 137 Schools of Nursing in Canada offering entry-to-practice nursing education in the 2017-2018 academic year.

Issues and Challenges Facing Nursing Education

I reviewed the current issues and challenges within the literature throughout my doctoral program. I collected various articles that identified issues and challenges in nursing education or in higher education; articles were referred to me by my peers and my professors, or retrieved when searching the databases for other course work. I used this collection of articles to assist in searching the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and the Educational Resource Information Center (ERIC) electronic databases by using similar keywords and search terms. I also hand-searched the journals that these articles were published looking for other sources.

This took place over a period of fifty-one months from September 2016 to November 2020. The screening process for the database and hand searches involved three steps. First, I would search the titles for anything related to my subject. After that I would review the abstracts of the relevant articles I found by title, looking to identify any issues/challenges, and full-text review for nursing education (preferably in Canada) and identification of an issue/challenge. Sources were included if they contained the context of nursing education, Canadian context preferred, published in 2000 or later, and published in English.

I searched the Canadian Association of Schools of Nursing's (CASN) webpage to gather information on what they were working on and the types of interest groups that were formed. I assumed that if a national interest group was being formed on a topic, then the topic was an issue or challenge within the system of nursing education. From these two strategies, the current issues and challenges identified in the literature were: curricula, faculty, funding, increasing regulatory control, and the licensure examination.

The issue of curricula was discussed with multiple focuses within the literature. The focuses included clinical education (CASN, n.d.), harmonization of nursing education (Baker et al., 2020; Richter et al., 2020), and preparing graduates for the workforce (Morton, 2019b; Rolfe, 2012, 2013). Clinical education opportunities, experiences, and availability were explored by a subcommittee with CASN for nursing education in Canada (CASN, n.d.). This sub-committee included members from across Canada representing various nursing education programs. The breadth of the subcommittee membership and mandate indicated an issue with clinical placements in nursing education across Canada. Another curriculum-related issue identified by Baker et al. (2020) discussed the global disparity of levels and standards for nursing education. They attributed this disparity to the challenges in delivering baccalaureate education with practice experiences that encompassed emerging trends in health care. Baker et al. (2020) called for global harmonization of nursing education around three pillars: graduate outcomes, nursing education program guidelines, and educational institution guidelines. Morton (2019b) and Rolfe (2013) identified the increasing demand for nursing education programs to produce graduates for the workforce. Rolfe (2012, 2013) presented this demand as an issue of the demise of nursing education, whereas Morton (2019b) presented this demand as an issue of increasing nursing curricula requirements beyond capacity within nursing education. Together, these issues and

challenges brought forward, indicate that curricula impacts were not a straightforward issue but rather multiple issues that all impact curricula simultaneously and differently.

A few issues related to nursing education faculty were identified in the literature by CASN (2019), Morton (2019b), and Vandyk et al. (2017). Vandyk et al. (2017) identified a nursing faculty shortage across the country in Canada and presented perspectives from academic nurse leaders about the faculty shortage. The issue of faculty shortage was presented with regard to a demand for faculty, a deficit in supply, and strategies needed to fill vacancies with new recruits as well as fill vacancies internally in the absence of new recruits. A report produced by CASN (2019) supported the faculty shortage issue identified by Vandyk et al. (2017). Morton's (2019b) work does not fully support the issues raised by Vandyk et al. (2017). Morton (2019b) attributed the faculty issue to decreased full-time tenured positions and increased part-time positions which resulted in less permanent faculty to carry more load for program and institutional work.

The issue of funding for nursing education was discussed by Horns and Turner (2006) and Morton (2019a). Although both of these are written about funding for nursing education in the United States of America, parallels to the Canadian system could be assumed. Morton (2019a) provides an overview of the current state of nursing education impacted by significant reductions in state funding, changes to funding models, decreasing enrolment, societal questioning on the value of higher education, and an increased expectation for students to carry the costs and subsequent rises in student debt. Published more than a decade prior to Morton's (2019a) work, Horns and Turner (2006) presented the issue of funding for nursing education and the mismatch between various funding structures designed for traditional academic disciplines and how this had resulted in extreme implications for nursing education. This issue appeared

significant for nursing education leaders as Morton (2019a) included a list of fourteen actions for nurse educators to take immediate action. The works of Horns and Turner (2006) and Morton (2019a) made me consider the implications of funding on nursing education in Canada and if the same level of awareness and urgency was present around this issue.

The issue of increasing regulatory control was identified in the literature through competency-based education and the changing regulatory environment. The significant impact of competency-based education on nursing curricula was explored by Foth and Holmes (2017). They identified an issue with competency-based education as a means to redefine and govern the nursing profession through standardize competencies leaving little opportunity for oppositional or critical perspectives. Duncan et al. (2015) and Rudge (2015) discussed the evolution of nursing regulation and identified issues with disconnected agendas between regulatory bodies, professional associations, and social mandates. This increased regulatory control within nursing was identified to have negative impacts on nursing practice and the profession as a whole. This issue did not specifically identify nursing education but an increased regulatory control over the profession was assumed to have an impact on nursing education programs.

The licensure examination for nursing education graduates, the NCLEX-RN, was identified as an issue within existing literature (Baker, 2019; Duncan, 2020; Foth & Holmes, 2017; MacMillan et al., 2017; May & Singh-Carlson, 2019; Nicklin, 2020; Oulton, 2020; Salfi & Carbol, 2017; Shamian, 2020; Spenceley, 2020; Storch, 2020; Zimmer et al., 2020). This issue was discussed as a failure to consult and engage with nursing education leaders (May & Singh-Carlson, 2019), regulatory power (May & Singh-Carlson, 2019; MacMillan et al., 2017), Americanization of Canadian nursing (MacMillan et al., 2017), the rationale given for implementation of the NCLEX-RN (Salfi & Carbol, 2017), and personal experiences from

nursing leaders who lived through the implementation (Spenceley, 2020; Storch, 2020; Zimmer et al., 2020). In addition, current and ongoing issues of significant student impact (Duncan, 2020), lack of engagement with national regulatory body (Nicklin, 2020; Shamian, 2020), as well as calls for change are identified (Oulton, 2020).

My review of this literature to gain an understanding of the issues facing nursing education, included the identification of theoretical perspectives underpinning the examination of issues and challenges in nursing education. This review shed light on current contexts and gaps within the existing literature.

Current Perspectives in Examining the Issues and Challenges

These issues and challenges were examined from one of two theoretical perspectives from either a critical theory perspective or a descriptive perspective. A critical perspective is drawn upon to highlight the power relations within nursing education and the associated issues and challenges (Duncan et al., 2015; Duncan et al., 2012; Foth & Holmes, 2017; Horns & Turner, 2006; MacMillan et al., 2017; Salfi & Carbol, 2017; Rolfe, 2012, 2013; Rudge, 2015), whereas, a descriptive perspective clearly describes the issue or challenge within its context (Baker, 2019; CASN, n.d.; Morton, 2019a, 2019b; Vandyk et al., 2017).

Descriptive Perspective. A descriptive perspective is particularly useful in the examination of the issues and challenges facing nursing education to provide context, identify the significance of some issues, and offer a place to begin this exploration. For example, Vandyk et al. (2017) described the faculty shortage in nursing education in Canada providing context across the country, the concerns raised by academic leaders because of a faculty shortage, and possible solutions to address this issue. Baker (2019) explained how CASN is developing and launching an exit exam to promote quality Canadian nursing education. In a similar way the

Clinical Education Taskforce (CASN, n.d.) provided a description of the context where securing clinical placements was an issue. A descriptive perspective can be useful when little or no information exists, to describe the current context, and it can lead to theory development or hypothesis generation for further inquiry. Limitations of using a descriptive perspective include the inability to capture and explain complexity.

Critical Perspective. A critical perspective was used by Rolfe (2012, 2013) as he discussed tensions between corporate demands of the university, the professional practice of nursing, and nursing as an academic discipline. Similarly, Duncan, et al., (2015) and Foth and Holmes (2017) drew on historical contexts, neoliberal political ideology, and managerialism to draw attention to the political forces influencing nursing education, nursing practice, and nursing knowledge. Salfi and Carbol (2017) and MacMillan et al. (2017) raised awareness of the social processes that were at play for the implementation of the NCLEX-RN for Canadian practice. These various sources identified areas of tension or sources of influence or oppressive practices in nursing education. Although a critical perspective can capture complexity with the issues and challenges, a system-level perspective is missing the acknowledgement of all the organizations involved in nursing education and how the structure of the system, including the dominant relations within the structure, may impact the issue or challenge. There is a renewed emphasis on nursing education research to capture the current context (Halcomb et al., 2016; Nelson & Paul, 2020a). For instance, Nelson and Paul (2020a) made a call to trace current nursing academics to be used in future historical research and also to capture current critical and political decisions and achievements.

Space for an Additional Perspective

The existing critical and descriptive perspectives offer parts of the complexity but not a whole picture. As such, they fail to examine the social construction of nursing education when exploring the issues and challenges. What is missing is a perspective that acknowledges a structure or system that supports dominance to influence, oppress, or create tension. Similarly, a perspective that supports considerations of how one issue impacts another is missing, in addition to how one organization exaggerates an issue, or how an organization suppresses a different issue. When reviewing this body of literature, at times the issue presented may not be the core institutional issue. For example, the letters to the editor about the NCLEX-RN (Duncan, 2020; Nicklin, 2020; Oulton, 2020; Shamian, 2020; Spenceley, 2020; Storch, 2020; Zimmer et al., 2020) clearly identify various organizations that were either involved, not consulted, or ignored in the implementation. From this one could say that the issue was not the NCLEX-RN per se, but the dominance of the organizations involved in the implementation. However, if one were to read these letters individually, NCLEX-RN may prevail as the central issue because the larger system-level issue may not be apparent without acknowledgement of the multiple organizations. In a similar way, if the reader does not view nursing education as a compilation of various organizations, then the NCLEX-RN issue may continue to be explored in isolation. A system-level perspective is missing from this literature. Therefore, an acknowledgement of the systemic structure of nursing education remains to be explored.

The Use of Institutional Theory in Higher Education Research

Institutional theory is gaining popularity in higher education research as a perspective to better understand the structure, activities, and players within the systems being studied (Cai & Mehari, 2015; Meyer et al., 2008). Institutional theory provides a lens to examine the social influences on structure, rules, and practices of organizations (Scott, 2005). Nursing education

research is absent in this body of literature. Using this perspective, nursing education may be viewed as an institution comprising many organizations with structures, rules, and practices resultant of social expectations, recommendations, and pressures. Therefore, a scoping review to explore the use of institutional theory in higher education research was conducted.

The studies reviewed were mapped for aspect of institutional theory, themes/issues in higher education, and the level of analysis. This scoping review is presented in Appendix A and is being prepared to submit for publication. A supplementary information table which displays the results of this scoping review organized alphabetically by the first/corresponding author is available in Appendix B (see Table B1). The supplementary information includes the study methodology, themes/issues in higher education, level of analysis, aspect of institutional theory, and study findings. The findings of this scoping review have been adapted to connect to this research and the existing literature in nursing education.

The findings of the scoping review showed that several issues in higher education have been explored from an institutional theory perspective to gain further understanding of change directives (Alarcón-del-Amo et al., 2016; Bealing et al., 2011; Cai, 2010); explore areas of conflict between practice and education (Bell & Taylor, 2005; Canhilar et al., 2016); examine the structures between governing bodies, accrediting bodies, and professional bodies (Brown, 2017; Frølich et al., 2013; Fu, 2017); and explore legitimacy of programs (Blau et al., 2000; Hodson et al., 2008).

Overwhelmingly, new institutional theory was the most frequent aspect utilized in higher education research, then institutional logics, a combination of old and new institutional theory, and institutional entrepreneurship (see findings of the scoping review in Appendix A). Institutional theory was used to explore all themes in higher education, with institutional

management and systems policies explored most frequently, followed by academic work, course design, quality, teaching and learning, student experience, and knowledge and research.

Similarly, institutional theory was used across multiple levels of analysis, most often at the systems level, but others utilized a regional, national, international, university, department, individual, or course level.

Nursing education researchers could be advised to start with the new institutional theory perspective, which defines an institutional field that can be applied to determine what organizations together form an aggregate, or institution, that is recognized as nursing education. An exploration of the institutional field has potential to identify the organizations involved in nursing education, as well as identify the social influences on organizations. For example, Harris (2017) and Janicievic (2014) theorized how universities existed within an institutional field of higher education comprising other organizations. A similar conceptualization for nursing education could add to the body of knowledge or understandings of how programs exist within an institutional field comprising other organizations. Once nursing education has been conceptualized as an institution, other aspects of institutional theory could be used for greater understanding of the system and its influence. For instance, the institutional logics perspective could be applied to nursing education through the examination of organizational elements such as culture or leadership that could influence dissimilarity between the organizations within the institutional field. That is, how and why nursing programs A and B may differ from each other but exist within the same institution. In another way, an institutional logics perspective can examine how the nursing education program copes with incompatible rules or frameworks. For instance, examining how nursing education programs navigate various academic, regulatory, accreditation, economic, and governing frameworks could illustrate conflicting logics or rules.

From the higher education research, Levin et al. (2018) found economic, political, and social logics influence policy development at community colleges. This perspective has the potential to examine how these same logics influence policy development within nursing education.

A combination of old and new institutional theory could possibly be applied to nursing education to examine an organization's role within the institutional field. That is examining not only how the institutional field itself influences change to nursing education, but also how the specific organizations within the field can create change. Baldini et al. (2014) used this combination of institutional theory to explore how universities responded to legislation. An exploration of nursing education from this perspective has potential for greater understanding of how an organization responds to various influences.

Within nursing education, an institutional entrepreneurship perspective could be applied to an individual student or faculty, a specific group of students recognized as an individual entity within a program, or an individual education program within a field of other organizations. This has meaning in nursing education because it supports research where the actions of the individual are examined to initiate and implement change. An example could be, how do nursing faculty influence curriculum change within their organization? That is, how does an individual contribute to organizational change?

An institutional theory perspective also has the potential to highlight the institutional complexity of nursing education and capture the issues and challenges. Lastly, the findings of the scoping review indicate that case study as a research method was used with institutional theory on multiple occasions in higher education. Case study as a research method appears to be compatible with institutional theory through defining the case, bounding the case study, outlining the units of analysis, and the use of theory as theoretical propositions. For instance, the

institution or organizations could be the case, they could be bound by the institutional field, and the various assumptions and aspects of institutional theory could lead to theoretical propositions related to the research.

Case Study as a Research Method and its Use in Nursing

Flyvbjerg (2011) reports that case studies as a methodology for inquiry “have been around as long as recorded history” (p. 302). There are three seminal case study methodologists – Yin, Stake, and Merriam – who have different approaches to this methodology (Harrison et al., 2017). Yin’s (2018) methods are situated within the post-positivist paradigm, whereas Stake’s (1995) and Merriam’s (1998) methods are situated within the constructivist paradigm. Stake and Merriam are similar in philosophical orientation but differ in terminology and methods. Case studies are used across multiple disciplines like psychology, education, sociology, health science, economics, history, anthropology, and others (Flyvbjerg, 2011; Harrison et al., 2017; Yin, 2018). There are numerous approaches to case study research enabling the researcher to make decisions about the research design, data sources, collection methods, analytic techniques, and presentation (Taylor, 2013; Yin, 2018).

Anthony and Jack (2009) conducted an integrative literature review to analyze the use of qualitative case study methodology in nursing research. Although an update to this review would be beneficial, the findings illustrate that the case study approach has been utilized across many areas of nursing research. Anthony and Jack (2009) categorized the included articles by nursing area/context to illustrate the utilization of case study research for a wide range of phenomenon and contexts. In addition, Anthony and Jack (2009) analyzed the purpose statement of each article and determined that the primary objectives sought a description, exploration, understanding, or evaluation of the investigated phenomenon. They note that these objectives

align with the indications for case study research according to Yin (2018) and Stake (1995).

Based on the review by Anthony and Jack (2009), a case study approach was used across many contexts in nursing research and is appropriate for focusing on the complex challenges in nursing where the phenomenon cannot be separated from the context. Anthony and Jack (2009) did not delineate the specific approaches of Yin, Stake, or Merriam as they were applied to the included studies. Doing so would have been beneficial for novice case study researchers who seek to understand Yin's (2018), Stake's (1995), and Merriam's (1998) approaches to case study.

Indications for a Case Study Approach

A case study approach is used to investigate a phenomenon in depth within its context (Baxter & Jack, 2008; Taylor, 2013; Taylor & Thomas-Gregory, 2015). There is no isolation, separation, or manipulation. Case study research is heralded for producing thick description of the phenomenon which is beneficial when seeking depth in an inquiry. Case study is known for the real-world context and researchers use the case study approach when the phenomenon cannot be separated from the context (Tetnowski, 2015; Yin, 2018). When the boundaries between the phenomenon and the context are not clear, case study research is appropriate. Case study researchers draw on the work of Yin (2018), Merriam (1998), or Stake (1995) as they are considered seminal authors of case study research (Baxter & Jack, 2008; Cope, 2015). The three case study methodologists define case study research differently. Yin (2018) defines case study as an empirical method focusing on depth and context of the phenomena (Harrison et al., 2017). Stake (1995) focuses the definition on what is studied rather than how it is studied (Harrison et al., 2017). Merriam (2009) defines case study research as “an in depth description and analysis of a bounded system” (p. 40). These different focuses in defining case study, illustrate the elements of emphasis within the methodologists' case study research designs (Harrison et al., 2017).

Yin's Approach to Case Study

Robert Yin (2018) asserts a realist perspective to case study research which has evolved from his first edition in 1984 to the most recent edition in 2018. Although, he acknowledges that other epistemological orientations can be used for case study research, his approach assumes that there is one reality that is independent from the researcher. This orientation aligns with the post-positivist paradigm according to Lincoln et al. (2011) where the nature of knowledge comes from non-falsified hypotheses as probable facts. From this perspective, Yin (2018) reports that case study as an empirical research method is used when the researcher wants to understand a real-world phenomenon and that this understanding involves essential contextual characteristics. His definition includes relevant methodological characteristics when doing case study research. “A case study copes with the technically distinctive situation in which there will be many more variables of interest than data points;...benefits from the prior development of theoretical propositions to guide design, data collection, and analysis;...relies on multiple sources of evidence, with data needing to converge in a triangulating fashion” (Yin, 2018, p. 15).

Yin's (2018) approach to case study can include quantitative, qualitative, or mixed methods. His approach also varies with the possibility of using a single case or multiple cases with or without embedded units of analysis. He has four possible designs for case study research based on this variation alone – single case, single case with embedded units, multiple cases, and multiple cases with embedded units. Also, the inquiry for a case study approach can be exploratory, explanatory, or descriptive (Yin, 2018). An exploratory case study seeks greater understanding of a phenomenon or to provide research questions or propositions for further studies (Taylor & Thomas-Gregory, 2015; Yin, 2018). This approach would be beneficial when little is known or documented about the phenomenon. An explanatory case study seeks to explain some aspect of a

phenomenon (Taylor & Thomas-Gregory, 2015; Yin, 2018). Lastly, Yin's (2018) descriptive case study approach is used to describe the phenomenon in a real-world context. As with other descriptive designs, a descriptive case study can contribute to theory building and further research (Brink & Wood, 1998).

Yin's (2018) approaches to case study research have five components: the question, the propositions, the case, the logical link of data to the propositions, and criteria for interpreting the findings. For the research question, he acknowledges that "how" or "why" questions are best suited for case study research (Yin, 2018). Study propositions are guidelines or directions for the researcher to be attentive to when conducting the case study (Yin, 2018). It is noted that exploratory case studies may not have propositions but instead have a clearly defined purpose to guide the exploration of data (Yin, 2018). The third component in Yin's (2018) approach is the "case" – which must be defined and bounded. This includes an explicit definition of what the case is. For the fourth component of linking the data to the propositions, he suggests pattern matching, explanation building, time-series analysis, logic models, and cross-case synthesis as analytic techniques (Yin, 2018). In alignment with the post-positivist paradigm, he suggests that rival explanations for the findings be identified and addressed to interpret the strength of the findings (Yin, 2018). In addition to the five components discussed above, Yin (2018) provides strategies for using theory in case study research as well as strategies for addressing construct validity, internal validity, external validity, and reliability. Examples of different case study research in nursing using Yin's approaches include Sangster-Gormley (2013), Houghton et al. (2017), and Tolson et al. (2002).

Sangster-Gormley (2013) used an approach of explanatory single case with embedded units to explain the implementation of the nurse practitioner role within one health authority. The

embedded units were three primary health care settings within the health authority. In that case, the phenomenon was bound to time and place because the primary health care settings were in the process of implementing the nurse practitioner role (Taylor, 2013). Drawing on the methodology of Yin, Sangster-Gormley (2013) followed the sequential design of developing propositions, research questions, the design, preparation, collection and analysis of data, and lastly dissemination. One caution raised by Sangster-Gormley (2013) in reference to using a single case with embedded units is that the focus must remain on the single case and not the subunits.

Houghton et al. (2017) used an exploratory multiple cases study design to explore the role of the clinical skills laboratory in preparing undergraduate nursing students for real practice. Similar to the bounding of the case by Sangster-Gormley (2013), the multiple cases used by Houghton et al. (2017) were bound to the phenomenon, the time, and the place. They used five sites from different nursing programs and different institutions for case comparisons (Taylor, 2013). The difference between the multiple cases of Houghton et al. (2017) and the single case with embedded units of Sangster-Gormley (2013) was that in Houghton et al.'s (2017) case, the five clinical skills laboratories were bound by the individual educational institutions and individual programs which allowed for cross-case comparisons between the five different programs. In Sangster-Gormley's (2013) case study, however, the primary health care settings were all bound by the overarching health authority – meaning there was no cross-case comparisons because the health care clinics all contributed to the study of the single health authority.

Tolson et al. (2002) used a descriptive approach and a multiple case study design to understand and describe how women with Parkinson's disease experience and cope with

menstruation. A case study approach was chosen because of the sensitive and personal nature of the topic and would encourage an in-depth understanding of the day-to-day experiences (Tolson et al., 2002). The researchers selected a descriptive approach to provide in-depth understanding and a multiple cases design to allow for cross-case comparisons and explanations. The cases were the individuals and the researchers set inclusion criteria for participants to be eligible for their study (Tolson et al., 2002). The inclusion/eligibility criteria bound the cases.

All the research examples using Yin's (2018) approach signify the importance of having a clear purpose statement with a case study approach. In fact, an assessment of Sangster-Gormley (2013) by Taylor (2013) asks why an explanatory approach was used over an exploratory approach or a descriptive approach. Taylor (2013) does not think the selected approach by Sangster-Gormley (2013) was inappropriate, but seeks rationale for choosing an explanatory approach over the others to help other case study researchers determine their approach.

Stake's Approach to Case Study

Robert Stake's (1995, 2008) perspective on case study research is from a constructivist perspective. Stake's (1995) intent of a case study approach is to learn about the case and not generalize beyond it. Also, the focus is on the case and not the methods. Stake (2008) reports that a case may be simple or complex. There may be simultaneous investigations into multiple cases, but each case is treated as a single case and only through comparative description will the compared cases be analyzed together and the inferences made during the comparison depend on the type of case study (Stake, 2008). Stake (1995, 2008) identifies three types of case study – intrinsic, instrumental, and collective. The purpose for the case study differentiates an intrinsic approach from an instrumental approach (Stake, 2008).

Merriam's Approach to Case Study

Sharan Merriam's (1998, 2009) approach to case study research is similar to Stake's (1995) approach, where the case determines the inquiry and the philosophical assumptions are embedded within the constructivist paradigm. The methods used in Merriam's (1998) case study approach are not prescriptive and any methods could be appropriate (Merriam, 2009). Merriam (1998, 2009) identifies three characterizations of case studies: particularistic, descriptive, and heuristic (Harrison et al., 2017). Merriam's particularistic case study approach attends to a specific situation, event, program, or phenomenon (Leasure & Sanchez-Fowler, 2011; Merriam, 1998). Merriam's (1998; 2009) descriptive case study aims to provide thick description and can be referred to as exploratory or holistic. The heuristic case study approach aims to discover a new meaning by increasing understanding, extending the experiences, or confirming what is known (Merriam, 1998).

Limitations of Case Study Research

The rigour of case study research is a common limitation or concern (Cope, 2015; Houghton et al., 2017; Taylor, 2013; Yin, 2018). Yin (2018) reports that there have been many sloppy case studies where biases determined the direction, and systematic procedures were not followed. As well, Boblin et al. (2013) identified the use of both Yin's and Stake's approaches in case study research as incompatible due to their differing philosophical assumptions, thereby, decreasing the rigour of the case study. Another limitation of case study is poorly defined data analysis techniques (Sangster-Gormley, 2013; Yin, 2018). Other limitations with a case study approach include: questionable generalizability (Cope, 2013; Merriam, 2009; Yin, 2018), time intensiveness and the generation of a lot of data (Campbell, 2015; Houghton et al., 2017; Yin,

2018), the lack of uniform terminology across the three methodologists (Anthony & Jack, 2009), and confusion with non-research case studies (Yin, 2018).

Context for this Research

The history of nursing education in Canada and the structures that were setup to move nursing education into the academic setting and implement a baccalaureate entry-to-practice requirement may have formed the institutional field of nursing education. Even though the institutional field of nursing education may have been around a long time, we really do not have a full understanding of its issues and challenges, or how it was formed and how it operates, leaving us with a lack of awareness of the institutional field of nursing education.

Nursing education is facing issues and challenges. The use of institutional theory in higher education research could provide a blueprint for conceptualizing nursing education as an institution and a new perspective for research. Based on the findings of the scoping review, an institutional theory perspective has the potential to explore the issues and challenges facing nursing education as products of social construction as well as explore the influences of one issue or challenge on other issues or challenges.

Current issues and challenges facing nursing education are missing a system-level perspective that could identify the various organizations that make up the institutional field. A system-level exploration of the issues and challenges through an institutional theory lens has potential to acknowledge the complexity of nursing education. For instance, this perspective could identify the structure between organizations, how this structure may be contributing to the issues and challenges, and how each organization may experience the issues and challenges. Also, an institutional theory perspective may possibly highlight the work of academic nurse leaders through the complexity of the institutional field of nursing education.

Overall, an institutional theory perspective in nursing education research may broaden the view of researchers to acknowledge social influences when examining various phenomena and uncover institutional phenomena that have not yet been studied, such as institutional field, logics, or complexity. Current issues facing nursing education could be examined from an institutional perspective to explore how the issue came to be, what strategies are being employed to address the issue, new strategies or creative approaches, what influences contribute to the issues, and/or how the structure or rules may reinforce or maintain the issues. An institutional perspective can highlight the complexity of nursing education and increase understanding of the structures and rules that govern nursing education.

Summary

The current descriptive and critical perspectives examining the issues and challenges facing nursing education contribute to the current understanding. Furthermore, these perspectives discuss specific issues facing the nursing education system. If we are to expand the examination of nursing education and the issues and challenges it faces, a system-level perspective could be beneficial. Institutional theory has the potential to define the structure of the nursing education system, explore the complexity of the multiple conflicting logics, and capture a list of the issues and challenges facing the system (Cai & Mehari, 2015; Meyer et al., 2008). The use of institutional theory in higher education appears to support a system-level analysis of nursing education (Cai & Mehari, 2015).

An institutional theory perspective in nursing education could, therefore, be used to explore the social influences on structure, rules/regulations, and processes across all levels from the individual student or faculty to within the classroom to an international nursing education system level. There is a need to theorize nursing education as an institution and identify the

aggregate of organizations within the institution in order to explore the social influences on the day-to-day activities for greater understanding of the organizational structure, behaviour, policies, regulations, and drivers of change. Likewise, this perspective is beneficial in identifying other institutions to which nursing education programs belong; institutional theory could be valuable in explaining the current issues facing nursing education around teaching and learning, course design, student experience, quality assurance, systems policy, institutional management, academic work, and knowledge and research.

Case study as a research method has been used in nursing to investigate phenomena within the context in which it occurs (Anthony & Jack, 2009). This method is appropriate when researchers are wanting in-depth understanding of the phenomena (Taylor & Thomas-Gregory, 2015). A case study approach is beneficial when the phenomena cannot be isolated, separated, or manipulated from the context (Yin, 2018). Case study methods continue to be refined by the three seminal methodologists to reduce the limitations and enhance the rigour (Harrison, et al., 2017).

Chapter 3 – Methods

In this chapter, I present the methods in two sections: (a) the proposed research design using Yin's (2018) approach for an exploratory single case study with embedded units including ethical considerations, and (b) the application of this case study method as the research process, including how the data were organized and analyzed. I used an institutional theory perspective in this research to define nursing education as an institution, identify current issues and challenges, and to explore the connections between the issues/challenges and the institutional structure. Case study as a research design was appropriate for my research questions as the issues and challenges could not be separated from the context of nursing education. An institutional theory lens supported my use of theoretical propositions throughout the research design.

The Method

Research Design

Yin's (2018) exploratory single case study with embedded units research design was used to investigate the issues and challenges facing nursing education in one Canadian province through an institutional theory perspective. The objectives of this research were to define the institutional structure, identify the current issues and challenges, and explore the connections between the institutional structure and the issues and challenges within nursing education. The significance of this research was to recognize the work of academic nurse leaders within the complexity of the institution, provide propositions for future research, and provide language to describe the tensions within the institutional field of nursing education.

The four research questions that informed the research design and subsequent methods were developed from the new institutional theory (DiMaggio & Powell, 1983; Meyer & Rowan,

1977), institutional logics (Friedland & Alford, 1991; Thornton et al., 2012), and institutional complexity (Greenwood et al., 2010; Greenwood et al., 2011) aspects.

1. What is the institutional field of nursing education in one Canadian province?
2. What are the issues and challenges facing the nursing education institution in this province?
3. How is the institutional field of nursing education in this province contributing to the issues and challenges?
4. How are the issues and challenges facing nursing education in this province contributing to the institutional complexity?

Three of the four research questions include aspects of the institutional theory including the institutional field and institutional complexity. Theoretical propositions were created based upon the research questions to direct my attention to elements of the institutional field of nursing education to be examined in this case study (Yin, 2018) and underpinned the research design to explore the issues and challenges. The theoretical propositions are assumptions about the institutional field based on the literature review and my understanding of the theory. This led to the following propositions about the institutional field, the institutional complexity, and the presence of dominant and non-dominant organizations within nursing education:

- The institutional field of nursing education includes dominant and non-dominant organizations;
- The dominant organizations within the institutional field exaggerate, contradict, and suppress certain issues and challenges facing nursing education;
- The institutional field of nursing education can be viewed as a structuralized social network;

- The issues and challenges contribute to the institutional complexity because they are perceived differently by each organization in the field;
- The institutional field of nursing education includes postsecondary institutions, the regulatory body, the nursing education accreditation body, the ministry of health, the ministry of postsecondary education, and health service organizations.

The main concepts from institutional theory used in my theoretical propositions are institutional field, dominant organization, and institutional complexity. From these main concepts there are multiple elements used at various stages throughout this research. These elements are listed in Table 3.1 with definitions listed in Table C1 (see Appendix C). I will explain these elements as they are used during data analysis. The conceptual definitions for the three main concepts came from seminal literature in institutional theory (see DiMaggio & Powell, 1983; Greenwood et al., 2011; Meyer & Rowan, 1977; Thornton et al., 2012):

- **institutional field:** an aggregate of organizations (DiMaggio & Powell, 1983). For organizations to be included within the aggregate they must interact among the other organizations, participate in interorganizational structures, contribute to an increase in the information load for the organizations, and have a mutual awareness of the other organizations (DiMaggio & Powell, 1983);
- **dominant organization:** an organization that exerts formal and informal pressures on other organizations, i.e., mandates, rules, authority, managerial (DiMaggio & Powell, 1983; Meyer & Rowan, 1977);
- **institutional complexity:** multiple conflicting rules, frameworks, influences (Greenwood et al., 2011), or issues and challenges.

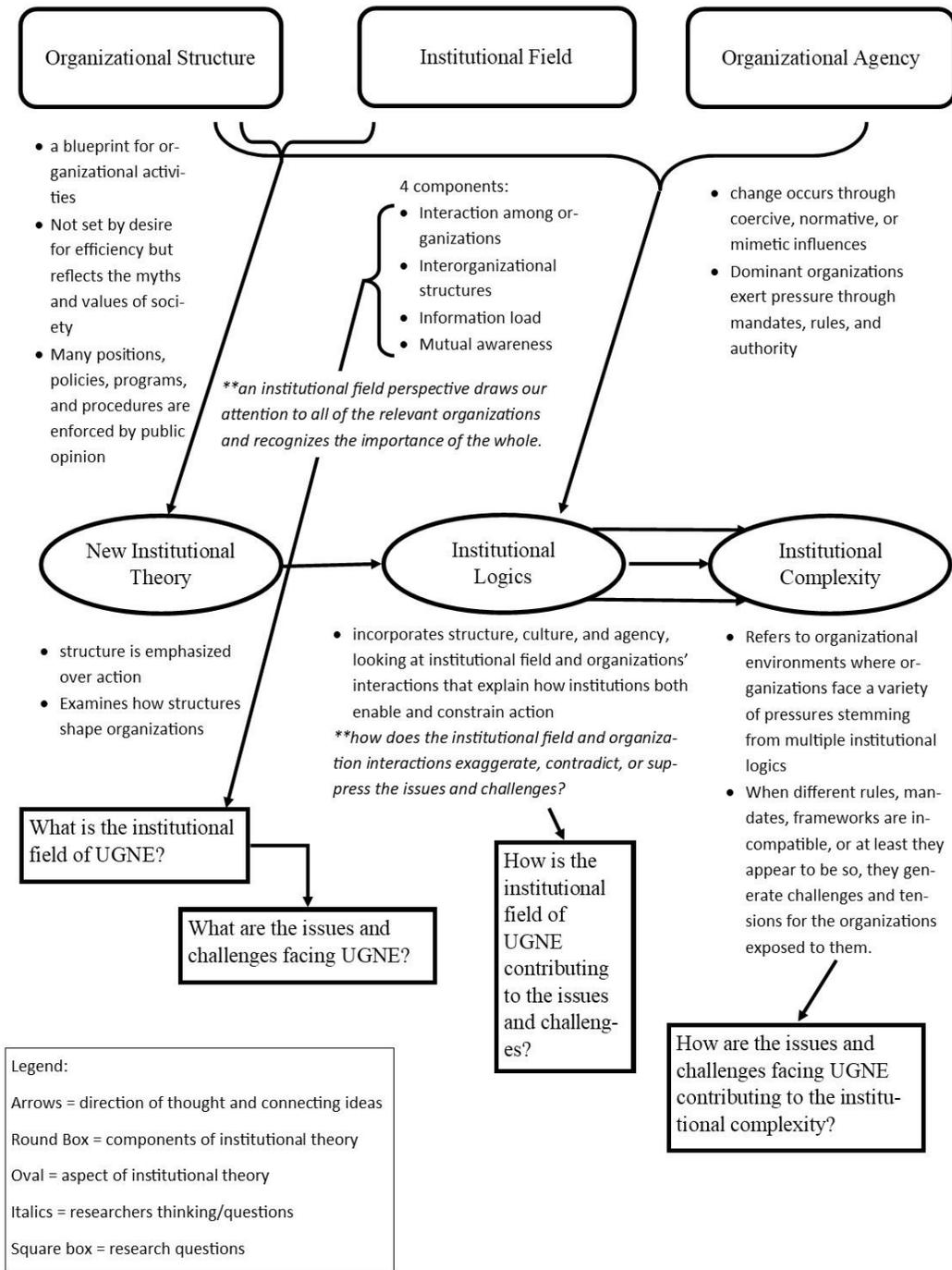
Table 3.1*Theoretical Proposition and Associated Elements*

Theoretical proposition	Associated elements
The institutional field of nursing education includes dominant and non-dominant organizations	<ul style="list-style-type: none"> ● Institutional field (DiMaggio & Powell, 1983) <ul style="list-style-type: none"> ○ Interaction among organizations ○ Interorganizational structures ○ Increase in the information load ○ Mutual awareness ● Organizations (DiMaggio & Powell, 1983; Meyer & Rowan, 1977) <ul style="list-style-type: none"> ○ Dominant organizations <ul style="list-style-type: none"> ▪ Pressure ○ Non-dominant organizations
The dominant organizations within the institutional field exaggerate, contradict, and suppress certain issues and challenges facing nursing education	<ul style="list-style-type: none"> ● Issue/Challenge <ul style="list-style-type: none"> ○ Exaggeration of issues/challenges ○ Contradiction of issues/challenges ○ Suppression of issues/challenges
The institutional field of nursing education can be viewed as a structuralized social network	<ul style="list-style-type: none"> ● Structuralized social network (DiMaggio & Powell, 1983) <ul style="list-style-type: none"> ○ Connectedness <ul style="list-style-type: none"> ▪ Formal contractual relationships ▪ Participation of personnel in common enterprises ▪ Informal organizational-level ties ○ Structural equivalence <ul style="list-style-type: none"> ▪ Organizational ties
The issues and challenges contribute to the institutional complexity because they are perceived differently by each organization in the field	<ul style="list-style-type: none"> ● Institutional complexity (Greenwood et al., 2011) <ul style="list-style-type: none"> ○ Conflict ○ Tension
The institutional field of nursing education includes postsecondary institutions, the regulatory body, the accreditation body, ministries of health and postsecondary education, and health service organizations.	<ul style="list-style-type: none"> ● Postsecondary institutions ● The regulatory body ● The accreditation body ● Ministry – health ● Ministry – postsecondary education ● Health service organizations

The connections used between various aspects of institutional theory and the research questions are illustrated in Figure 3.1. DiMaggio and Powell's (1983) conceptualization of an institutional field and the required four components within an institutional field. The second research question addressed the research purpose. The third research question supported further exploration of the institutional field as contributing to the issues and challenges. In a similar way, with the last research question I sought to explore whether the issues and challenges contributed to institutional complexity as they may have been perceived differently by each organization.

Figure 3.1

Use of Institutional Theory in forming Research Questions



Setting and Sample

The case or unit of analysis in this research was the institutional field of nursing education in one Canadian province. The embedded units of analysis were organizations determined prior to data collection that made up the institutional field or organizations referred to during data collection. Organizational participants and documents made up the sample in this research. The research setting was at the individual participants' places of work, by telephone, email, or website searches for the documents. The participants were senior-level administrators in organizations identified in the institutional field, and who interact with the other organizations in the institutional field as part of their administrative roles. The documents included those produced by an organization within the institutional field that identified the organizational structure or impacted at least one other organization within the institutional field. The sample was divided into five participant groups to support the embedded units design.

- **group 1:** academic administrators
- **group 2:** regulatory body
- **group 3:** health service organizations
- **group 4:** accreditation body
- **group 5:** government ministries

Group 1 was of interest because academic administrators oversee the development, delivery, and evaluation of nursing education. This perspective could have identified issues and challenges facing the development, delivery, and evaluation of nursing education. Group 2 was of interest because the regulatory body reviews and approves each nursing education program. Also, they set the entry-to-practice competencies that each nursing graduate must demonstrate. The regulatory body could identify issues and challenges facing RN practice with implications for

nursing education. Group 3 was of interest because the health service organizations are utilized throughout nursing education program for clinical placements and they are future employers of the graduates. Therefore, they could identify issues and challenges from a clinical position as well as an employer's. Group 4 was of interest because the nursing education accreditation body could identify issues and challenges that are common across multiple provinces and possibly foresee future challenges. Group 5 was of interest because higher education and health care legislation have authority over nursing education. Also, nursing education in this one Canadian province is publicly funded. This perspective could have identified issues and challenges from a legislative and financial position.

Inclusion and exclusion criteria for the organizations, the individual participants, and documents were set and presented in Table 3.2. A desired sample size for this research by participant group was set based upon eligible participants noted on organizational websites and the same number of documents, assuming each participant could provide one document.

Table 3.2*Inclusion and Exclusion Criteria for Organizations, Individual Participants, and Documents*

Organizations	Individual participants	Documents
<p>Inclusion:</p> <ul style="list-style-type: none"> • Organization identified within the institutional field of nursing education • Academic organization is four-year, entry-to-practice, English, nursing education program at a university <p>Exclusion:</p> <ul style="list-style-type: none"> • Academic organization: <ul style="list-style-type: none"> ○ Is a college that offers a collaborative nursing degree with a university ○ Offers a condensed after-degree or second-degree program ○ Offers a bridging program for practical nurse to registered nurse or psychiatric nurse to registered nurse 	<p>Inclusion:</p> <ul style="list-style-type: none"> • A senior-level administrator in an organization identified within the institutional field of nursing education • Academic administrator of a four-year, entry-to-practice, nursing education program at a university • Someone who interacts with the other organizations within the institutional field as part of their administrative role • Speaks English <p>Exclusion:</p> <ul style="list-style-type: none"> • Does not speak English • Cannot speak on behalf of the organization 	<p>Inclusion:</p> <ul style="list-style-type: none"> • Produced by an organization within the institutional field • Impacts at least one other organization or outlines the organization structure of one organization within the institutional field • Publicly available or permission given by the organizations • Written in English • Current version <p>Exclusion:</p> <ul style="list-style-type: none"> • Draft version

A staged, purposive, and snowballing recruitment sampling technique (Polit & Beck, 2017) was planned through the use of the organization’s websites, publicly available email addresses of senior-level administrators, and publicly available documents. Staged sampling was used in phases (Polit & Beck, 2017). This phased recruitment was planned as publicly available documents first, then participants, then further documents identified by the participants. Purposive sampling was used for organizational participants and documents based on the theoretical propositions and research design. The participants of the specific organizations were

purposely selected because of their organizational role. Snowballing recruitment was used through document cross-referencing, that is, if a document cross-referenced another document, it was recruited through websites or by asking the participants for it. Recruitment for the organizational participants would seek individuals who were senior-level administrators who interacted with other organizations within the institutional field. Recruitment for organizational participants was conducted through email.

Instrument

An interview guide consisting of seven questions was developed for data collection from the participants (see Appendix D). There was a mix of open- and closed-ended questions. Consistent with Yin's (2018) case study method, the interview questions were developed from the research questions and theoretical propositions. The final interview question was purposeful for recruitment of document data and asked the participants what key documents they use in their senior-level administrative roles for nursing education. The research questions, theoretical propositions, and interview questions are connected in this case study (see Table 3.3), with the research questions guiding the theoretical propositions, which in turn guide the interview questions used for relevant data collection.

Table 3.3*Corresponding Research Questions, Theoretical Propositions, and Interview Questions*

Research questions	Theoretical propositions	Interview questions
What is the institutional field of nursing education in one Canadian province?	The institutional field of nursing education can be viewed as a structuralized social network	What organizations comprise the nursing education system in this province?
	The institutional field of nursing education includes postsecondary institutions, the regulatory body, the accrediting body, government ministries, and health service organizations.	How often, if at all, do you interact with [insert each organization from previous question]?
What are the issues and challenges facing the institution of nursing education in one Canadian province?	The issues and challenges contribute to the institutional complexity because they are perceived differently by each organization in the field	What are the issues or challenges facing nursing education in this province?
How are the issues and challenges facing nursing education in this province contributing to the institutional complexity?		Of the issues and challenges you identified, are there certain issues and challenges that are more complex? Which ones? What makes them more complex?
How is the institutional field of nursing education in one Canadian province contributing to the issues and challenges?	The institutional field of nursing education includes dominant and non-dominant organizations. The dominant organizations within the institutional field exaggerate, contradict, and suppress certain issues and challenges facing nursing education in one Canadian province.	Do you think that the other organizations within nursing education would identify the same issues or challenges? Why or why not?
*For document recruitment from the participants		In your role as [insert professional title here], what are the key documents, if any, that guide your actions for nursing education?

Data Collection Process

Data collection was planned to occur through semi-structured interviews and document retrieval. Interviews were conducted in-person or by telephone using the interview guide at the participants' places of work. The interview guides were not intended to be in a sequential, rigid order, but rather such that the order may fluctuate to allow the participants to share their thoughts with minimal interruptions. The documents were planned to be collected before and after the interviews.

Data Analysis Plan

I recorded participant titles and organization names in order to assign the participants to a participant group. The raw data were transcribed and coded to remove participant title and organization name to enhance confidentiality while maintaining the distinct groups. Participant titles and organizations were stored in a locked cabinet drawer in a locked office. The key to the codes were stored in a password-protected file on a password-protected computer separate from the collected data. Coded data were stored on password-protected computer, in password-protected files. The plans for data analysis included deductive and inductive coding for thematic analysis. The deductive coding was used a priori codes from the institutional theory elements encompassed in the theoretical propositions (previously presented in Table 3.1), whereas inductive coding was used the data to create codes, categories, and ultimately themes.

Ethical Approval

Ethical approval was obtained from the Human Research Ethics Committee at the University of Victoria. Subsequent ethical approvals and operational approvals were obtained from organizations requiring their own ethical approvals within the Canadian province studied. A copy of the Human Research Ethics Committee approval letter is included in Appendix E.

Risk and Limits to Confidentiality and Anonymity. This research was deemed minimal risk as per the “Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans” (Government of Canada, 2018). I recognized the importance of the confidentiality and anonymity of the individuals participating in this research and the potential risk as they are senior-level administrators of an organization within the institutional field of nursing education. Specific ethical considerations were needed because there were a minimal number of postsecondary institutions in this province who offered a four-year, entry-to-practice, nursing education degree; a limited number of health service organizations; one regulatory body; one accrediting body; and, one provincial government.

Strategies to mitigate the risk of limited anonymity due to the minimal number of organizational participants included the following:

- identifying the province as one Canadian province instead of the name;
- using generic organization type names to identify the participant groups, i.e. postsecondary institutions, regulatory body, nursing education accreditation body, government ministries, and health service organization; and
- participants had the right to withdraw at any point during the research.

Dual-Role Relationship. I was an insider researcher as I belonged to the population that I researched. I had professional relationships with some of the participants interviewed. I minimized this conflict by disclosing my position in the Participant Consent Form (see Appendix F), not speaking about my research outside of the scheduled interviews, and identifying any assumptions I may have had prior to and after data collection by keeping a research journal that was not used in data analysis.

Inconvenience. Participants may have been inconvenienced by the two-hour interview as they were all senior-level administrators with busy schedules. The participants were aware of the time requirement during recruitment as it was identified in the recruitment emails (see Appendix G and Appendix H).

Application of the Method – the Research Process

Recruitment for organizational participants was conducted by email through publicly available email addresses on the organizations' websites. Some email addresses were specific to the individuals recruited and others were generic organization email addresses. For example, the postsecondary institutions, provided the names and titles of the academic administrators with individual email addresses publicly available. The regulatory body on the other hand, did not have an individual email address publicly available for the Registrar/CEO. Subsequently a general, "contact us" email address was used. One of two emails was used for recruitment; one for a specific individual email address (see Appendix G) and one for a general email address (see Appendix H), with the informed consent (see Appendix F) attached. If no response was received from the potential participants, a follow-up email was sent two weeks after the initial email, and a third and final recruitment email was sent four-weeks after the initial email. Recruitment included every eligible organizational participant within this province. Document sampling included internet-based searches for publicly available documents from the organizations' websites.

The interview data were collected over five weeks in 2019. All eligible participants in this one Canadian province were recruited. A total of 14 eligible participants were recruited to participate. There was a 50% positive response rate as seven participants were interviewed in total: four in person and three via telephone. The individuals were all in administrative positions

such as Dean, Associate Dean, Director, Manager, Coordinator, Board Director, and Senior Lead. They were all at the senior level within the organization and were able to speak about organizational level issues and challenges. The interviews ranged from 16 to 84 minutes in duration with the average length of time being 36 minutes. Although the range in interview durations was wide, the one short interview was complemented by other participants in the postsecondary institution embedded unit.

Three participants from postsecondary institutions were interviewed, one participant from the regulatory body, one participant from the nursing education accreditation body, one from the ministry of postsecondary education, and one participant represented both the health service organizations and the ministry for health. Each participant was given a unique identification (ID) label as shown in Table 3.4 by participant group/organization and administrative title. The interviews were audio-recorded and transcribed verbatim. The participants names were removed but the participant group/embedded unit names remained to identify the embedded units within the case. For example, the transcribed interview data were labelled “postsecondary institution interview 1,” “postsecondary institution interview 2,” “health service organization 1,” “regulatory body interview 1,” and so forth. The list of participant names and the signed informed consents were stored in a separate encrypted electronic file. All collected data were kept on a password protected computer and password protected electronic files on a shared drive located on a firewall-protected server at the University of Victoria. The transcripts of the interviews were entered into NVIVO 12 Plus Qualitative Data Analysis Software (QSR International, 2018) for data analysis.

Table 3.4*Participant Identification*

Unique participant ID	Participant group/organization	Generic administrative position title
HSO/MoH	Health service organizations and ministry for health	Director
RB	Regulatory Body	Program Lead
PSI 1	Postsecondary institution	Associate Dean
PSI 2	Postsecondary institution	Director
PSI 3	Postsecondary institution	Dean
AB	Nursing education accreditation body	Director on the Board
MoPSE	Ministry for postsecondary education	Manager

Consistent with Yin’s (2018) case study methods, the documents were collected before, during, and after the interviews through publicly available websites and sharing by the participants in order to converge the interview data with the document data throughout the research process. Prior to the interviews, the websites of the organizations identified within the theoretically proposed institutional field were searched for documents outlining the organizational structure and operational bylaws or terms of reference. They were the websites of the postsecondary institutions; regulatory body, including the program approval committee; nursing education accreditation body; ministries for health and postsecondary education; and health service organizations. In addition, individual participants were asked what documents they used for possible inclusion. If participants indicated a document that was not publicly accessible, permission was requested from the participant to share with me during the interview or by email after the interview. After each interview, the websites of the organizations identified by the

participants were searched for documents. The documents retrieved were cross-referenced and assessed for the inclusion criteria.

Sixty documents were included in total. The document types included legislations, bylaws, terms of reference, organizational structures, policies, guidelines, frameworks, handbooks, position statements, strategic plans, and forms. The sixty documents are listed in Table C2 (see Appendix C) by a unique identification (ID) label, document name, and authoring organization. The document lengths ranged from a single page to a few hundred pages. Forty-eight (n=48) documents were identified by the participants and twelve (n=12) were identified by me through website searches. Fifty-six (n=56) documents were publicly available. Four (n=4) were provided by participants as they were not publicly available. All documents retrieved were tracked for author/owner, who identified the document (participant or researcher), and source of document. This record keeping was tracked using Microsoft Excel. A picture of this tracking table is included in Appendix I, Figure I1. The documents were all assessed based on the inclusion criteria and overall relevance to this research. Overall relevance was determined by asking “if this document is excluded, could something be missed?” All included documents were uploaded into NVIVO 12 Plus Qualitative Software (QSR International, 2018). The documents were labeled in NVIVO as “[Organization Name] [Document Name].” As shown in Table 3.5, the number of data sources by the participant groups/embedded units of analysis resulted in a total of seven interviews and sixty documents.

Table 3.5*Number of Participants/Documents by Sample Sub-Group and Totals*

Sub-group	Number of participants	Number of documents	Total
Postsecondary Institutions	Three (3)	Thirty-four (34)	Thirty-seven (37)
Regulatory Body	One (1)	Five (5)	Six (6)
Health service organizations	One ^a (1)	Two (2)	Three (3)
Ministry for Health	Zero ^a (0)	Two (2)	Two (2)
Accreditation Body	One (1)	Five (5)	Six (6)
Ministry for postsecondary education	One (1)	Three (3)	Four (4)
Other	-	Nine (9)	Nine (9)
Total	Seven (7)	Sixty (60)	Sixty-seven (67)

^a The participant for the health service organizations was also the participant for the ministry for health.

Organization and Analysis of the Data

The analytic strategy used in this research aligned with Yin’s (2018) data analysis strategies and included creating a data display, data extraction, linking the data to the propositions, using NVIVO 12 Plus qualitative data analysis software, thematic analysis, and building a case description.

Data Display. Once data collection was finished, I started the analysis by “playing” with the data (Yin, 2018). In order to organize the document data with the interview data, I re-worded the interview questions to applicable document questions to extract the relevant data. Document questions that aligned with the interview questions were created. These document questions are presented in Table C3 (see Appendix C) as they align with the interview question.

I created a matrix in Microsoft Excel that aligned each interview/document question in one column and linked them with the corresponding theoretical propositions and research questions. The individual participants or documents were listed in the rows. An abbreviated version of this matrix is shown in Table 3.6. Raw data were extracted into this matrix by

interview/document question. As I extracted the data, nodes were created in NVIVO of the extracted data that would allow me to track where it came from, and to group the data by interview question. The nodes used in this data extraction step were labelled by interview question (IQ) as follows: IQ1 Organizations, IQ2 Organization interaction frequency, IQ3 Identified issues and challenges, IQ4 Issues that are more complex, IQ5 Other organizations identifying issues, IQ6 Organization mode of interaction, and IQ7 Documents that guide their action. This matrix allowed me to view all the data relevant to each interview question, theoretical proposition, and research question.

Table 3.6

Data Organization Matrix used for Data Extraction

Research questions		*for data sources	RQ1			RQ2	RQ4	RQ3	
Theoretical propositions			TP(c)	TP(e)		TP(d)		TP(a)	TP(b)
Interview questions		IQ7	IQ1	IQ2	IQ6	IQ3	IQ4	IQ5	
Part 1	Org								
Part 2	Org								
Document questions		DQ7	DQ1	DQ2	DQ6	DQ3	DQ4	N/A	
Doc 1	Author								
Doc 2	Author								

Note: RQ = research question, TP = theoretical proposition, IQ = interview question, DQ = document question, Part = participant, Doc = document, Org = organization.

Data Analysis. Data analysis followed the data extraction and organization in a series of steps. Multiple strategies were used during analysis to enhance rigour and produce a compelling case study. This is consistent with Yin (2018). The order of data analysis was:

1. Defined the a priori codes for deductive thematic analysis.
2. Research question 1 analysis – what is the institutional field of nursing education in one Canadian province?
3. Research question 2 analysis – what are the issues and challenges facing nursing education in one Canadian province?
4. Research question 3 analysis – how is the institutional field contributing to the issues and challenges?
5. Research question 4 analysis – how are the issues and challenges facing nursing education contributing to the institutional complexity?

A Priori Codes. Deductive coding with a priori codes was used for data analysis of the first, third, and fourth research questions. The a priori codes mirror the elements from the theoretical propositions (refer back to Table 3.1). For example, the first proposition asserts that there is an institutional field of nursing education that includes dominant and non-dominant organizations. The a priori codes from this proposition included institutional field, dominant organization, and non-dominant organization. The a priori codes were defined to analyze the data. These definitions are listed in Table C1 (see Appendix C).

Research Question One. Deductive thematic analysis was used to address this research question. For this part of the analysis, the concept of institutional field was used with the following associated elements:

- organization;
- interaction among organizations;
- interorganizational structures;
- increase in the information load;

- mutual awareness;
- connectedness, which includes formal contractual relationships, participation of personnel in common enterprises, and informal organizational-level ties;
- structural equivalence.

In order for an organization to be included in the institutional field, the data had to support the organization as having met all of the elements listed above.

First, I reviewed the data extracted and coded as “IQ1 Organizations.” All organizations identified were coded in NVIVO as “[name of organization] as an organization.” Second, each of these coded organizations were assessed to determine if they met the definition of an organization (see Table C1). That is, do the organizations identified by the participants or referred to in the documents meet the definition of a group of individuals bound by a common purpose that excludes interorganizational structures? I tracked this analysis in a table (see Table C4, Appendix C) within NVIVO as meeting or not meeting the definition of an organization. If an organization identified by a participant/document did not meet the definition of an organization it was not considered any further.

Next, the data for these organizations were then analyzed for *connectedness*, *structural equivalence*, *interaction among organizations*, *increase in the information load*, and *interorganizational structure*. This was a two-step process. First, the data were reviewed for connectedness of the organization to other organizations through formal contractual relationships, participation of personnel in common enterprises, or through informal organizational-level ties. When an organization was coded for connectedness, it was also coded to the other organization to which it was connected. For example, the ministry for health was connected to the health service organization through a contractual relationship. As such, both

organizations were coded for connectedness and they were coded to each other. Second, the data were also coded for structural equivalence. Simultaneously, the data were coded for interaction among organizations, increase in information load, and interorganizational structure. When the coding was completed the NVIVO coding strips feature was used to visualize which organizations had been coded for each component of the institutional field. These were tracked in a table (see Table C4, Appendix C) as “yes” or “no.” The coding strips feature in NVIVO was used to identify which organizations were in mutual awareness of one another as it displayed which organizations were coded within each organization. If both organizations were mutually aware of the other, then they were identified as organizations comprising the institutional field.

Research Question Two. The data analysis method used to find the issues and challenges facing nursing education was inductive thematic analysis. That is, the codes were derived while reading through the data coded as “IQ3 Identified Issues and Challenges.” The data were read line-by-line and specific issues and challenges were coded in NVIVO according to the identification by the participants. For example, if a participant identified adequate clinical placements as an issue or challenge, it was coded as “adequate clinical placements.” When all the data were coded, all the codes were compiled into a list in NVIVO. Each of the issues and challenges coded were described by the researcher, using the data, to indicate why they were identified as an issue or challenge. These descriptions were used to start grouping similar issues and construct categories. All the issues and challenges in the same category were grouped together and themes were constructed. I looked for themes that reflected aspects of the issues identified by the organizations. Some themes were apparent quite quickly due to the identification by multiple data sources, while other themes emerged based on contradiction between the issues. Once each theme was identified, I examined it for applicability by looking

through the data for rival explanations. That is, I read the theme with each section of extraction data for the issues and challenges included within the theme. I asked, “does this theme capture the data sources description of the issue?” and “are there other descriptions that would capture the issue/challenge further?” During this step, one theme was reworded to capture all codes that were intended upon initial creation of the theme. The process used in NVIVO with the codes, description of the issue, and categories is presented in Table C5 (see Appendix C). The themes are the findings of this analysis and are presented in Chapter 4.

Research Question Three. The methods used to explore how the institutional field of nursing education contributes to the issues or challenges were deductive thematic analysis using a priori codes and the case description found from the first research question. For this part of the analysis, the concept of dominance was used with the following associated elements:

- dominant organization
- non-dominant organization

In NVIVO, the data were read line-by-line for organizations exerting pressure on other organizations through mandates, rules, authority, or managerial directives (DiMaggio & Powell, 1983; Meyer & Rowan, 1977). These were coded as “[name of organization] as dominant.” An example of formal pressures on other organizations is the regulatory body on postsecondary institutions through the program requirements for nursing education and evidence required for program approval. Data were also coded as dominant when there were informal pressures such as new initiatives or requests for services. An example of informal pressure came when a health services provider reached out to a postsecondary institution for assistance in educating rural nurses because of a staffing shortage. In that case, the health service organization was coded as dominant. Organizations that were not coded as dominant, were non-dominant.

A visual illustration of complexity was drawn by hand based on the connections from the data between all the organizations. I started with the postsecondary institution and nursing education program in the middle. From there I drew lines to describe what the postsecondary institution/nursing education program produces: graduates, program policies and guidelines, curriculum, postsecondary institution policies and strategic plans, program evaluation, and the nursing education requests for clinical placements. Next, I added in the other organizations within the institutional field and drew lines out from each of these based on the formal mandates, rules, authority, managerial interactions, as well as any informal pressures. The coded data for dominant organizations was used to highlight the direction of dominance as the data indicated what organization(s) perceived the pressure, and what was the cause of the pressure. This resulted in the representations of all the dominant organizations on the map. The issues and challenges were added onto the illustration and connected with lines and arrows indicating which organizations identified them and the presence of a dominant force.

Research Question Four. The thematic analysis from the second research question, the list of issues, and the visual illustration were used to analyze the data for the fourth research question. For this part of the analysis, the concept of institutional complexity was used. I returned to the coded issues in NVIVO and made annotations where there were areas of conflict within the data. This was either two participants from different organizations contradicting each other, a framework or rule conflicting with another framework, a participant and a framework in contradiction, a participant explaining an area of conflict, or a participant explaining what makes an issue complex. This was repeated for each issue. For example, for nursing education curricula there were many influences and frameworks that directed content, program length, required hours of clinical; conflicts were noted between the limits placed on the program length and the

curriculum requirements such as minimum clinical experiences, topics to be included as required content, number of nursing courses, and number of general elective courses. Upon completion of annotating the coded data, I compiled all the annotations together in a list in NVIVO. This list provided the areas of conflict from the data within the institutional field from some of the issue and challenge categories.

I looked at the illustration created when analyzing research question three for potential areas for conflicting rules/frameworks to see which issues have more connections than others. The connections to the issues and challenges illustrated the organizational participants/documents acknowledgement of the issue. I looked for areas of convergence from multiple organizations on the issues and challenges. The areas of convergence that were noticed were the nursing education program curriculum and the teaching and learning issues. Then I reviewed the issues and challenges and noted where there were conflicts within the descriptions or explanations of the issues and challenges. If there was an area of convergence on the illustration and conflicts within the descriptions or explanations of the issues from the data, I made stars on the illustration to highlight the areas of complexity within the institutional field. My illustration is presented in Appendix I, Figure I2.

Maintaining Rigour

Throughout this research rigour was maintained using case study tactics consistent with Yin (2018) and regular meetings with my committee. My use of institutional theory as a framework throughout the research design enhances the external validity of this single case study according to Yin (2018) as the findings can be generalized to the theoretical propositions. In the data collection stage, I maintained rigour by keeping track of my chain of evidence to enhance reliability for study replication (Yin, 2018). I used NVIVO 12 Plus Qualitative Data Analysis

Software (QSR International, 2018) to merge the interview and document data, to code the data, to track my data analysis steps, and to retrieve data that supported the findings. Using interviews and documents as multiple data sources and merging them together during data collection and analysis was consistent with Yin's (2018) case study tactics to strengthen the construct validity for organizations, institutional field, issues and challenges, and institutional complexity. I met with my committee from research proposal development to refining the writing of this dissertation. In our meetings, I explained my methods, my thought process, and the findings. I was questioned on these as well as my lines of inquiry, use of theory, and application of Yin's case study methodology.

Summary

The intention of this chapter was twofold: first, to outline Yin's (2018) exploratory single case study with embedded units design for this research exploring the issues and challenges facing nursing education; and, second, to show how I applied the method to my research, how I organized the data, how I analyzed the data, and how I maintained rigour. Yin's (2018) case study design provided the methods to explore the issues and challenges facing nursing education from an institutional theory perspective by using theoretical propositions throughout the research. Data sources included interviews and documents. Strategies were implemented to organize the data sources together for this single case study. Data analysis moved through the research questions sequentially and encompassed deductive thematic analysis, inductive thematic analysis, building a case description, and visual analysis strategies. Various tables and figures were presented to illustrate the methods used in this research and provide templates for researchers wanting to replicate this study.

Chapter 4 – Findings

In this chapter, I will describe the findings for each research question. The findings for research question one, are presented in two parts: the institutional field and the organizations within the field; and organizations outside the institutional field. The findings for research question two, the issues and challenges facing nursing education, are reported as six themes. The findings for research question three, how the institutional field contributes to the issues and challenges, are described in three parts: dominant organizations within the institutional field, dominant organizations outside the institutional field, and non-dominant organizations. The findings for research question four, how the issues and challenges contribute to institutional complexity, are reported by the issues and challenges through conflicting rules, frameworks, or influences. Lastly, I provide a summary of key findings.

Research Question One: Institutional Field of Nursing Education – Organizations Within and Outside the Field

A total of twenty organizations were identified by either participants, with whom they interacted, or cross-referenced in the documents or referred to other organizations within nursing education. These organizations included in the data were:

- national health accreditation body
- ministry for postsecondary education
- health service organizations
- provincial health regulators
- provincial nursing academic administrators group
- provincial education quality body
- nursing regulatory body (registered nursing)

- nursing education accreditation body
- national nursing regulatory body
- special interest nursing group
- national nursing association
- ministry for health
- nursing licensure exam body
- other health professionals
- other nursing regulatory bodies (practical and psychiatric nursing)
- patient group
- postsecondary institutions
- provincial nursing education interorganizational group
- student group
- national public interest group

Five of these organizations met the definition of institutional field according to DiMaggio and Powell (1983) as an aggregate of organizations that includes interaction among organizations, interorganizational structures, increase in the information load, and mutual awareness (Table C4 in Appendix C). Therefore, these organizations were divided as organizations within the institutional field and organizations outside of the institutional field.

Organizations Within the Institutional Field

The institutional field of nursing education comprises the ministry for postsecondary education, the health service organizations, the regulatory body, the ministry for health, and the postsecondary institutions that offer a nursing education program. These five organizations met

all the associated elements with the conceptual definition of comprising the institutional field. The data supporting these five organizations is presented below for each organization.

Ministry for Postsecondary Education. Participants from the postsecondary institutions, health service organizations, government ministries, and regulatory body identified this organization as comprising the institutional field of nursing education. When asked what organizations comprise nursing education in this Canadian province, a participant answered “Well, it actually would start with [the ministry for postsecondary education], because all of our programs actually need to be approved by [the ministry] initially” (Participant PSI 2). Participants acknowledged that their interaction frequency with the ministry for postsecondary education was either “semi-annually” or “yearly”. Through legislation and education quality assurance procedures the ministry for postsecondary education outlines an oversight of nursing education programs from this organization, “WHEREAS an accountable system is one in which all [people within this province] have access to clear information about postsecondary providers that are effectively governed, financially sustainable, fiscally responsible and collaborative with their communities, government and each other” (MoPSEDoc2). The participant from the ministry for postsecondary education acknowledged the other four organizations found to comprise the institutional field of nursing education and the interaction with each, as the participant noted that within the institutional field “You have the regulators...there are all the postsecondary institutions that deliver nursing programs...other entities that are involved would be employer like [health service organizations]...there’s governments like us [ministry for postsecondary education] as well as [ministry for health]” (Participant MoPSE).

Health Service Organizations. All participants identified health service organizations within the institutional field. The health service organizations were recognized by participants

and from the documents as employers of nursing graduates, locations for required clinical placements, external learning facilities, and evaluators of nursing education programs through evaluation of the graduates. A participant from a postsecondary institution noted “All of our clinical agencies that provide or partner with us for clinical partnerships and practica are stakeholders” (Participant PSI 3). A document authored by the regulatory body references health service organizations in two instances: “There are written contracts between the nursing education program and any external clinical, simulation or learning facilities [and] the employers evaluate graduates within six months of completing the nursing education program” (RBDoc4). The participant representing health service organizations and the ministry for health identified this organization as the most important within the institutional field of nursing education: “The other important, most important, [organization] I think is my institution which is [the health service organizations]” (Participant HSO/MoH). Mutual awareness was acknowledged by the participant in their recognition of the organizations comprising the institutional field of nursing education.

Regulatory Body. The regulatory body was identified by all participants, cross-referenced within documents, and given authority for program approval through legislation related to nursing education in this one Canadian province. This is described in a document stating “[an] ‘approved nursing program’ means a nursing education program in [this province] approved by the [nursing education] approval committee in accordance with nursing education standards and criteria approved by the [regulatory body provincial] council” (MoPSEDoc2). All participants identified the regulatory body as an organization comprising the institutional field of nursing education without justification as if it were implicit. All participants, except for one, identified the regulatory body by name and proceeded to identify other organizations. One

postsecondary participant expanded slightly and stated “[the regulatory body] certainly gets involved because they actually have to, well [the regulatory body] through [program approval] actually [has] to approve the program itself” (Participant PSI 2). The regulatory body contributed to the information load within the institutional field as they authored many documents used by other organizations. These documents included governance policies, standards for nursing education program approval, required evidence for nursing education program approval, and entry level competencies for RNs.

Ministry for Health. The ministry for health was identified by participants from health service organizations, postsecondary institutions, and the ministry for postsecondary education. The ministry for health was referenced in legislative documents for nursing education program approval and professional registered nursing regulations for practice. These documents assign approval processes to the regulatory body. A document authored by the health service organizations also mandates the roles and responsibilities for the health service organizations from this ministry. This document identifies each as a separate organization within the institutional field of nursing education. This document states, “The [provincial] Government is responsible for the delivery of health care in [the province]. [The health service organizations were] established as the delivery arm for a substantial part (but not all) of health care” (HSODoc).

Postsecondary Institutions. All participants identified postsecondary institutions as an organization comprising the institutional field of nursing education. One of the postsecondary participants identified nursing education programs as a part of the larger postsecondary institution, “We are a part of a faculty of health sciences. I see the rest of the academic institution as being a really important part of the system [in] which nursing [education] sits” (Participant

PSI 1). Likewise, other postsecondary participants, as well as the participants from both ministries, the regulatory body, and the nursing education accreditation body stated clearly that the institutional field of nursing education includes “The postsecondary institutions that deliver nursing programs” (Participant MoPSE), “all the colleges and universities that have undergraduate baccalaureate programs” (Participant PSI 3), and “the postsecondary institution itself” (Participant HSO/MoH). Multiple documents referenced the postsecondary institution, or the nursing education program situated within the postsecondary institution. A document from the ministry for postsecondary education defined the post secondary institution as, “A comprehensive community college, polytechnic institution or university” (MoPSEDoc2). Regulatory and accreditation documents referred to the nursing education program for program approval and program accreditation. The nursing education accreditation body differentiates between the educational unit and the nursing education program referring to components within the postsecondary institution in a document:

The [accreditation] standards are divided into two sets; one applies to the school of nursing itself, referred to as the educational unit, and the other applies to the nursing education program...The educational unit standards relate to the administrative structures, processes, and the human and material resources that support the implementation of a high-quality program, whereas the nursing education program standards are focused on the curriculum and its evaluation. (NEABDoc1)

The postsecondary institutions interact with other organizations through the provincial nursing academic administrators’ group, “The members of the [provincial nursing academic administrators’ group] include those institutions offering education programs in [this province] for nurses regulated under the Health Professions Act” (PNAADoc). The goal and objective of

this group that captures the interaction between organizations is the goal of, “Advancing high quality nursing education through: information sharing, networking, discussing current nursing education issues and developing strategies, influencing policy on future directions, [and] advocating for appropriate infrastructure to deliver programs” (PNAADoc).

These five organizations are included in the provincial interorganizational structure for nursing education, as indicated on its terms of reference and the list of the following membership:

- Registered nursing education program leaders (or designates)
- Employer representatives (i.e., health service organizations)
- Government representatives (i.e., ministry for postsecondary education, ministry for health)
- Regulatory body staff
- Invited guests

Organizations Outside the Institutional Field

The institutional field is not a collection of all organizations identified by the participants or cross-referenced within the documents. The organizations outside the institutional field include national, provincial, and other organizations. National organizations outside the field are the health accreditation body, nursing education accreditation body, public interest group, nursing association, special interest nursing group, and the nursing regulatory body. Provincial organizations outside the institutional field of nursing education are the health regulators, nursing academic administrators’ group, nursing education interorganizational group, education quality body, and other nursing regulatory bodies. The other organizations not affiliated nationally or provincially include the licensure exam body, other health professionals, patient group, and

student group. These fifteen organizations are not included (or lack data to support inclusion) in the institutional field of nursing education because they either do not meet the definition of an organization, they not involved in any organizational aggregates, not included in interorganizational structures, or they are not a connected component of the institutional field as presented in Table 4.1.

Table 4.1

Identified Organizations with Rationale Not to Support Inclusion in the Institutional Field

Identified organization	Reason not included in the institutional field of nursing education
National Accreditation Provincial education quality body Special interest nursing group Other health professionals Other nursing regulatory bodies Provincial health regulators	Not found to be involved in any organizational aggregates for the institutional field of nursing education.
Provincial nursing academic administrators Provincial nursing education interorganizational group	Not found to meet the definition of an organization from institutional theory as it is an interorganizational structure.
Nursing education accreditation body National nursing regulatory body National association Licensure exam body	Not found to meet the interorganizational structure component of the institutional field.
Patient group Student group	Not found to meet the definition of an organization from institutional theory as there was no identified structuralized group.
National public interest group	Not found to meet the connectedness component of the institutional field.

Four of the organizations outside of the institutional field met some elements from the conceptual definition of institutional field but not all. The findings for the nursing education accreditation body, national nursing regulatory body, licensure examination body, and the national public interest group are presented below.

Nursing Education Accreditation Body. The nursing education accreditation body is a national body with regional representation which does not comprise the institutional field for nursing education. The nursing education accreditation body met all the components from institutional theory except for the interorganizational structure. The nursing education accreditation body was found to have formal connections to other organizations through documented relationships as well as informal connections through personal relationships. In the studied Canadian province, the nursing education accreditation body was included within the institutional field by the regulatory body and the postsecondary institutions. There is a formal connection between nursing education programs and the nursing education accreditation body through national frameworks, accreditation standards, and position statements on nursing education. The national nursing education framework illustrates formal connections between the national education accreditation body and various postsecondary institutions as this work was completed with representatives from both the national education accreditation body and postsecondary institutions. These connections as described in a document by the nursing education accreditation body:

In 2012, baccalaureate and master's education committees were struck to develop degree-level expectations and contribute to the creation of an overarching organizing framework. Members of both committees represented all parts of Canada, a range of educational institutions, and both English and French programs. (NEABDoc3)

There is also informal connectedness through the regulatory body with personal relationships between the accreditation processes and the program review processes. I found no involvement of the nursing education accreditation body in an interorganizational structure or aggregate with other organizations in this province.

National Nursing Regulatory Body. The national nursing regulatory body was identified as an organization within the institutional field by participants from the regulatory body and a postsecondary institution. A participant from a postsecondary institution stated, “The national regulatory group...certainly influences what ends up happening in the educational system” (Participant PSI 1). This organization meets the institutional field requirements from institutional theory for connectedness, structural equivalence, interaction among organizations, and increasing the information load. What is missing is its involvement in inter-organizational structure. The bylaws from this group outline the formal relationship with the provincial regulatory body and the frequency of interaction. This group developed the national entry-level competencies used by the regulatory body to approve nursing education programs for which all such programs must map their curricula and provide evidence that the graduates meet the competencies. However, as this same participant put it, the interorganizational structure is absent and only the regulatory body interacts with this organization: “They're a bit of a closed shop. You need to be very intentional about connecting with them and you don't connect with them directly. You have to connect to them through your provincial regulator” (Participant PSI 1).

Licensure Exam Body. The participant from the regulatory body identified the licensure examination body as an organization within the institutional field of nursing education. The findings indicated that this organization interacted with the regulatory body. The participant from the regulatory body stated “The [licensure examination body] we're, you know, quite involved with them now too” (Participant RB). A document from the licensure exam body outlines the interaction with the regulatory body to ensure the exam test plan reflects nursing practice.

The test plan is reviewed and approved by the [licensure examination body] every three years. Multiple resources are used, including the recent practice analysis of RNs, and

expert opinions of the [licensure examination body] Examination Committee, [licensure examination body] content staff, and boards of nursing/regulatory bodies to ensure that the test plan is consistent with nurse practice acts. (LEBDoc)

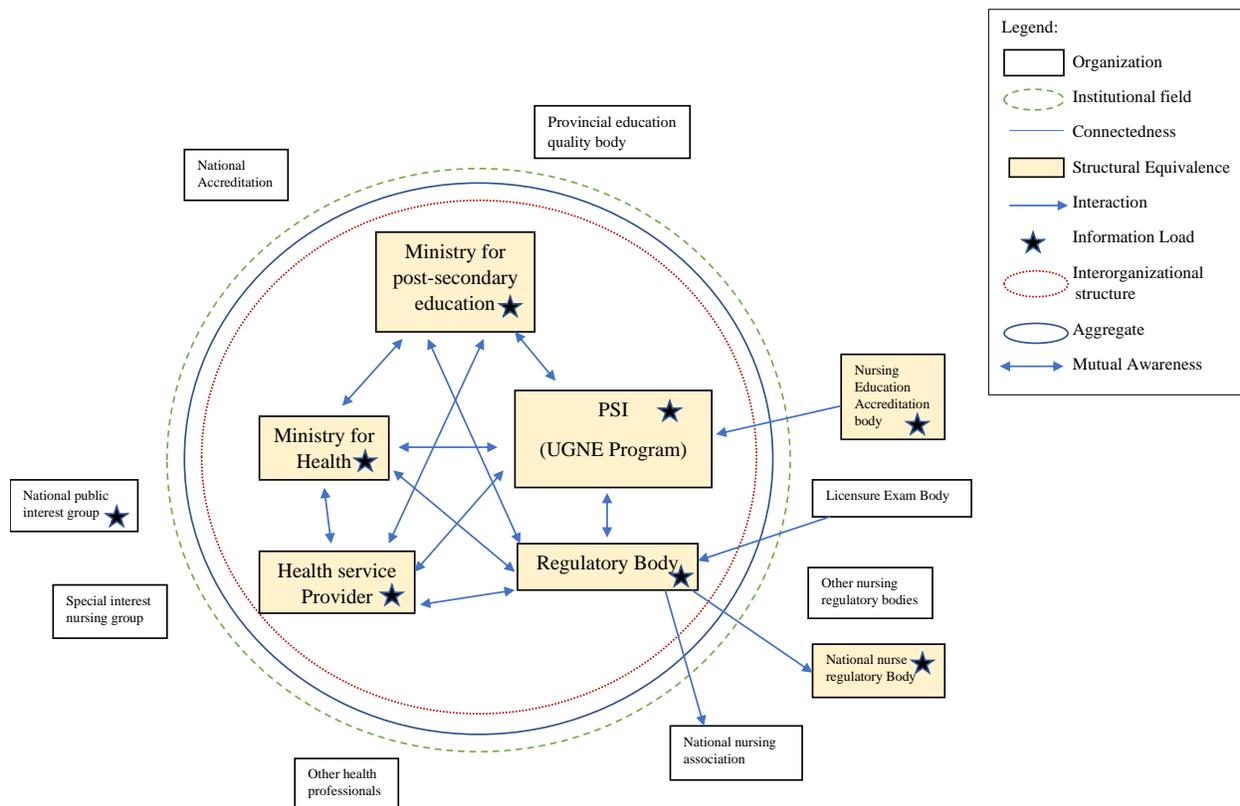
This organization was not involved in any interorganizational structure within the institutional field of nursing education, there was no connectedness or structural equivalence, and there was no increase in the information load within the institutional field of nursing education.

National Public Interest Group. This organization was identified by a postsecondary participant and meets the definition of an organization from institutional theory as it is a group of individuals bound by the same purpose. It was found not to be an organization within the institutional field of nursing education as there is no connectedness through formal relationships or informal personal ties to the other organizations. This organization does contribute to the increased information load within the institutional field through an authored publication that had a call for postsecondary institutions to implement a course with skills-based training into nursing education curriculum.

Figure 4.1 illustrates the study findings about the institutional field of nursing education with components from institutional theory such as connectedness, structural equivalence, interaction among organizations, increase in the information load, interorganizational structure, and mutual awareness for each organization identified. The institutional field is the aggregate of organizations that also form an interorganizational structure.

Figure 4.1

Institutional Field of Nursing Education with Components of Institutional Theory



Research Question Two: Issues and Challenges

Participants were asked to identify the issues and challenges facing nursing education.

All participants identified numerous issues and challenges facing the institutional field of nursing education in this one Canadian province. The issues and challenges identified are all captured in the following six themes: (a) demands on curricula, (b) teaching and learning values versus practice, (c) relationship between education and practice, (d) limiting financial supports, (e) clarity of the RN role in health care, and (f) need for faculty.

Demands on Curricula

All the participant groups referred to demands on curricula as an issue and challenge facing nursing education in this Canadian province. The participants referred to the required clinical placements and variety of clinical placements, an increasing number of imperatives to be included in nursing education, learner consolidation, responsibility for education to prepare nurses for sustainability and longevity in the profession, and to ensure students develop resiliency and self-management. The documents referred to required components within nursing education curricula including number of credits, number of clinical hours, types of clinical placements, and evidence required from the nursing education programs to support implementation of several imperatives.

The participants from postsecondary institutions in this study gave many examples of demands on curricula. One explained how the types of clinical placements is a challenge, “Clinical placements related to mental health, labor and delivery and maternity and also pediatrics, I guess that you could call them specialized placements, is a challenge in getting good quality experiences for our students” (Participant PSI 3). Another spoke about demands on curricula from a required subject perspective:

All the [curriculum] imperatives that keep coming at us from a particular point of view, you know, the new entry-level competencies just were ratified by [the regulatory body] council and that's great and they're good and I like the approach that they've taken but you know, you think you've got things nail[ed] down and then you need a whole other set of competencies now around precision health and genetics and genomics and all that kind of stuff and you think okay. Well, where's that going to go and what has to go and there's organizations saying now there has to be a mandatory course around indigenous health.

Important? Absolutely, it's incredibly important to decolonize nursing education, but what goes? So, it's a real puzzle. (Participant PSI 1)

The participant representing both health service organizations and the ministry for health spoke about worrying about student mental health, resiliency, and the ability of the graduates to cope with the traumatic events often experienced within health care. This participant also spoke about employer recruitment and retention needs and the implications for nursing education curricula,

We're working with one of the postsecondary [institutions] to write a proposal for sustainability not only for rural areas, but also indigenous, so our proposal now is to bring the RN BScN to all areas in [this Canadian province] because those nurses that live in [these areas] can't sustain it. They're getting older, they want to retire but their commitment to their community is so high. So now it's a [health service organization] responsibility to start discussions [about] planning for how do we keep these areas open? And of course, for example in this case with students [there is] a lot of the concept of “growing your own” in their communities because they got to come here. (Participant HSO/MoH)

Another postsecondary participant similarly addressed these and captured the demands on the curricula:

If [nursing education] starts to look at some of the demographic information and data we have about new graduates and how they're retained or not into the health care system it is a challenge, and I think that's something that we need to consider from an educational perspective. [If] we're graduating them and then they're burning out and leaving,

choosing to leave the profession within the first several years. You know, what have we really accomplished? (Participant PSI 3)

Findings from the regulatory documents also relate to this issue and challenge indicating numerous requirements for curricula for the nursing education program to receive initial and continued regulatory approval. Some of these curriculum requirements outlined in one document are:

For initial-entry RN programs, a description of the minimum 350-hour, full-time, 10-week direct client care clinical preceptorship experience: clinical settings, acuity, patient populations ... The final clinical practicum will: occur at the end of the nursing program; not include introduction of new foundational content; require successful completion of all other requirements of the program prior to the final practicum; [and], have a student-to-preceptor ratio of 1:1 (can be more than one preceptor)...Mapping of current evidence and emerging trends with course objectives and program outcomes. Trends include but are not limited to patient safety science; health informatics; a holistic approach to diversity, inclusion, and cultural safety; inter/intra-professional collaboration and team effectiveness; [and], mental health, addiction and community care. (RBDoc5)

Teaching and Learning Values versus Practice

An issue of teaching and learning values versus practice stems from the data indicating that there are elements within nursing education that are deemed necessary or important yet there are practices occurring that are contrary to what is intended. This issue and challenge was identified by participants from postsecondary institutions and the health service organization specifically around clinical instruction and critical thinking. The issue and challenge was supported by documents from postsecondary institutions, the nursing education accreditation

body, the regulatory body, and the ministry for postsecondary education. For instance, a postsecondary institution participant spoke about clinical instruction being the backbone of nursing education yet no one can articulate what is happening in the clinical setting for both teaching and learning. The intention of clinical learning according to one postsecondary participant is to teach thinking processes, yet in practice, the teaching and learning is focused on completing skills:

I know that the face-to-face elbow to elbow contact with clinical instructors and patients is really looked at as the gold standard but we actually don't know, we don't have a clue, I use the royal we there, as to what clinical instructors are actually doing and we are not doing, I'll say this for our school, we are not doing a very good job of supporting clinical instructors and in challenging them to ask critical thinking questions and get at the thinking processes. My guess is that they're much more interested in making sure the students are doing and not necessarily thinking and that's the really scary part.

(Participant PSI 2)

Many organizations refer to the need for nursing education programs to teach, and the students to possess skills for, critical thinking. The standards for a baccalaureate degree in Canada and specifically for a nursing degree with the nursing education accreditation body both addressed critical thinking as degree outcomes (MoPSEDoc3; NEABDoc3). For instance, the following statements were found in a document authored by the nursing education accreditation body:

[Nursing education programming] provides opportunities for learners to develop knowledge, skills, and attitudes in using relevant information, communication technology, critical thinking, and clinical reasoning, in the delivery of collaborative

client-centered care...Baccalaureate programs provide the foundation for sound clinical reasoning and clinical judgment, critical thinking, and a strong ethical comportment in nursing. (NEABDoc3)

Relationship between Education and Practice

The relationship between education and practice issue and challenge was identified by the postsecondary institution participants as well as the participant from the regulatory body. A participant from a postsecondary institution spoke about a tension between the education level of the students and the clinical site expectations and valuing of the learner.

There is the always the tension between practice site expectations and what they want students to be able to [do], sort of that practice readiness piece...We are completely at the mercy of our practice partners and I find that frustrating there doesn't seem to be a valuing of the role of the learner at least in the health care organizations that we work with here ... it's made very clear to us that we are guests and we will follow their rules.

(Participant PSI 1)

The regulatory body participant and a postsecondary institution participant discussed changes in health care and the communication with nursing education programs as an issue and challenge for the educational programs to stay abreast and prepare students for current clinical practices.

We find out about things, you know, “oh, by the way, the entire way we chart changed. Oh, and it changed three months ago.” So, we're always playing catch-up. We've been asking questions about [the new charting system] for months and months and months as educators and never really until recently, very recently have they decided that maybe they need to have some information sessions for [postsecondary institutions]. (Participant PSI

1)

The participant from the regulatory body stated a lack of nimbleness from both the health service organizations and the postsecondary institutions led to the relationship issue between education and practice.

Limiting Financial Supports

The theme of limiting financial supports was supported by issues and challenges identified by all participant groups. This theme is supported by the findings that funding for nursing education programs, students, and employers to hire graduates were all limiting what an organization would have liked to implement. A participant from a postsecondary institution explained:

We're building a new curriculum and obviously we budgeted for it but there's lots of things that come up that you didn't necessarily budget for that you maybe should have. [Previously there] was maybe a little bit of soft money you could kind of be creative with for new different things. I mean those budget lines are hardened like crazy now like it's hard to be creative anymore. We had money for this, but if you know, we tweak this and redeploy it, we could actually get way more benefit out of it. Those flex resources are gone. I mean, they just don't exist anymore. (Participant PSI 1)

The participant from the ministry for postsecondary education identified funding as limiting the growth of postsecondary programs, as well as the health service organization's ability to hire graduates beyond casual employment. The participant from the health service organizations and the ministry for health addressed finances limiting who can go to postsecondary school, receive an education, and become a nurse:

The reason why [the] finance part troubles me a lot [is] because only the rich or the middle class, upper middle class – whatever that is, can put their kids in school.

(Participant HSO/MoH)

Clarity of RN Role in Health Care

The issue or challenge of RN role clarity in health care was brought forward by participants from the accreditation body, ministry for postsecondary education, and postsecondary institutions. This theme refers to role confusion between the RN practice and the practice of the other nursing professions, and specialist versus generalist RN practice. A participant from the ministry for postsecondary education noted that strides have been made between the nursing groups, but a lack of clarity remains.

There are issues across the [nursing profession], registered nursing and practical nursing...the PNs perhaps their scope of practice growing and interfering with the scope of practice of the RNs. So, at points in time, even though the hostility has grown less its still there. I sense it sometimes at meetings although I want to reiterate that collaboration across the nursing groups has significantly become so much better in my time.

(Participant MoPSE)

A statement from a postsecondary institution participant supported this issue:

There's a lot of emphasis on roles of an RN and yet when you start talking about scaffolding education...you know from health care aide to PN to RN and not require any repeating of content. They were all at slightly different levels. So, there's that too. [The issue of role clarity with] our RNs right now, have a tough time trying to figure out what they do differently from PNs, and I think it's only going to get worse and I think the role

of an RN as something specific and special is really being threatened right now. And I'm not really sure how I think about that. (Participant PSI 2)

This study found that the issue of specialist versus generalist RN education could impact the clarity of the RN role within health care. A participant from a postsecondary institution addressed this as:

The perennial debate that seems to slide back and forth between is a four-year graduate to be a superb generalist or should we be responding to the demands of the practice environment around specialization in a more robust way. (Participant PSI 1)

The participant from the accreditation body also addressed the issue of specialist versus generalist as:

There's this whole push towards specialization that I think will begin to erode what it is that we have in our competencies for basic prepared RNs because they keep on saying well you need to teach them this and you need to teach them that. I believe that that should be postgraduate information and [the nursing education accreditation body is] trying to really keep/hold the line on that. It isn't to be anachronistic to say, you know BSN should always be completely generalist. (Participant AB)

Need for Faculty

The need for faculty issue or challenge emerged from participants from the accreditation body, regulatory body, and ministry for postsecondary education. Components of this issue include faculty shortages, lack of faculty diversity, and appropriate faculty. The participant from the regulatory body acknowledged the difficulty postsecondary institutions have with recruiting international faculty due to the need for RN registration within the province, “[The universities] complain about not being able to recruit foreign nurse researchers because they need to be

registered at [the regulatory body]. So, that's an issue for recruitment for research-intensive universities. They've indicated its an issue" (Participant RB). The participant from the nursing education accreditation body commented on the diversity of the student body and the lack of diversity in who is teaching them:

I would say diversity in our student population is quite diverse and you know, I'm very much of the belief that we should have our faculty mirror that, but just trying to get warm bodies these days is difficult. So, you know having that kind of sophistication to be able to do that, and I would say that drove down particularly in terms of trying to indigenize our program and we've done what we can with the curriculum. The next step...is to indigenize our faculty and that's going to be another step that's going to challenge us, but we will follow through in the ways that we can. But I think it's not around indigenization in some respects, the fact that we're dealing with such a diverse body of students if we look at them and say who's teaching them. We've got quite a mismatch. (Participant AB)

The participant from the ministry for postsecondary education commented on the faculty shortage as a result of low graduate student enrollment and there not being enough PhD-prepared nurses to take on faculty positions:

the other problem in nursing is and it impacts undergraduate nursing is [the ministry] can't get enough people into Masters and PhD programs to train instructors to teach in undergraduate programs. So that's an issue and that's an issue right across Canada.

(Participant MoPSE)

Research Question Three: Institutional Field and the Issues and Challenges

The study findings indicate that the institutional field of nursing education was composed of dominant and non-dominant organizations. The dominant organizations consisted of those

within and outside of the institutional field. Within the institutional field were the ministry for postsecondary education, the health service organizations, the regulatory body, and the ministry of health, but not postsecondary institutions. Outside of the institutional field, I found other dominant organizations such as the nursing education accreditation body, the provincial education quality body, the national nursing regulatory body, the licensure examination body, the national public interest group. These organizations influenced or exerted pressure on the institutional field of nursing education, which also contributed to the issues and challenges. The sources and direction of dominance into the issues and challenges is captured on the illustration created. Notably, within the institutional field of nursing education postsecondary institutions were not found to be dominant within the institutional field.

Dominant Organizations Within the Institutional Field

Ministry for Postsecondary Education. The ministry for postsecondary education was found to exert formal pressures on postsecondary institutions through the legislative act, which mandates governance and academic structure. Formal pressures are also exerted on the postsecondary institutions through funding from this ministry, and was found to contribute to the issue and challenge of limiting financial supports as explained by a participant from postsecondary institution: “The funding that follows four-year government cycles and is so mercilessly tied to the number of seats that you have, and if you lose seats you lose resources and it's difficult to innovate within finite resource at anyway” (Participant PSI 1). Another source of pressure is the prescribed length of nursing education programs, as the typical duration and number of credits required in a nursing education degree as 3 – 4 years in duration and 90 – 120 credits (MoPSEDoc3). Lastly, a participant from the ministry for postsecondary education explains the approval process for nursing education:

In [this province] nursing programs require regulator approval because they're regulated health professions. So, they require regulated approval for the purposes of registration or employment, but then they also need to come here and get approval from our minister as credit programs or from our ministry so that they can operate as credit programs. So ... our approval is granted to a public [postsecondary institution] to deliver a nursing program. (Participant MoPSE)

Health Service Organizations. The dominance from the health service organizations was found in various components of this research. A participant from a postsecondary institution spoke of the power imbalance in the relationship between the education program and the health service organizations.

We have absolutely no power in that relationship [with the health service organizations] for we are guests. So if they decide they want all of our – I'm going to be ridiculous for a minute – but if they decided for a moment that all of our students had to wear pink t-shirts to work every single day we'd have to figure out a way to make that happen. We are completely at the mercy of our practice partners and I find that frustrating.

(Participant PSI 1)

This same participant provided an example where the health service organization attempted to use an authoritarian stance to make changes to the education program delivery:

We recently had a situation where a practice partner said to us, “we've decided we don't want this many students on [the unit at] once, we just want five.” Well you know what that does, it immediately [impacts] teaching workload, how you can organize students, timetabling the number of different times of the week you're going to have to have students there because you're gonna have to distribute them out over more days. I mean

our practice partners, who are really great people but they have no idea of the implications of some of the things that they all of a sudden just demand and you know, we do our level best to keep up their relationship and keep them informed and we do our level best to try and suss out what's going on in the practice settings from leadership there. (Participant PSI 1)

The pressures felt by postsecondary institutions for clinical placements and the use of a provincial database for clinical placements were explained by the participant from the ministry for postsecondary education. The health service organization holds the authority to accept or reject the clinical placements, sometimes at the last moment.

We have a [provincial clinical placement] database that sometimes doesn't work the way everybody wants it to work, and you know you'll have a receiving institution or an institution that applies for clinical placements and then a receiving institution that says yes and then cancels at the last minute. (Participant MoPSE)

These pressures were found to contribute to the issues and challenges of demands on curricula and the relationship between education and practice.

Regulatory Body. The regulatory body was found to be a dominant organization within the institutional field of nursing education for various reasons which are touched upon by many participants and documents. This dominance was found to contribute to the issues and challenges of clarity of the RN role, demands on curricula, teaching and learning values versus practice, and need for faculty. The participant from the regulatory body explained the various levels within this organization that mandate how they approve nursing education programs: “We approve the program right. This [process] trickles down from provincial council bylaws and then that trickles down to the standards of nursing program approval including the [required evidence] and the

entry-level competencies” (Participant RB). A document from the education quality board refers to the approval process required by the regulatory body for nursing education programs:

“Nursing degrees must be approved by both the Minister [for postsecondary education] and the nursing education program approval [branch] of the [regulatory body]” (PEQBDoc). Additional pressures from the regulatory body were found in documents authored by the regulatory body.

Specifically, the entry-level competencies, the required evidence for program approval, and the standards for program approval. A document from the regulatory body lists multiple requirements including:

The nursing education program has sufficient structures and resources – human, clinical, physical, and fiscal – to support students...Nursing faculty member to student ratios: maximum of 1:8 in clinical placements and in simulation experiences, maximum of 1:16 in the clinical preceptorship, [and] maximum of 1:16 in laboratory experiences ... [and] [t]he trends in the graduates’ performance on the entry-to practice exam for the initial entry RN program are on a positive trajectory. (RBDoc5)

Ministry for Health. Within the institutional field of nursing education, the ministry for health was found to be a dominant organization as it legislates the rules and regulations for RN practice and the function of the regulatory body. A participant from a postsecondary institution spoke about their interaction with the ministry for health:

The [ministry for health] is a tricky [organization] because they, I mean if you talk to anybody who deals with the ministry the first thing they say is health is a beast because it's just so huge. So, the levels that we interact with [the ministry] again at educational leaders and stakeholders. I think it's fine. I continue to believe that we do not have as a profession enough input and connection with the [ministry for health]. I don't know that

they get enough input from nursing. I don't think they see it that way, but I see it that way. (Participant PSI 1)

This organization was also found to exert formal pressures on the health service organizations through mandates and roles as seen in a document stating what the health service organizations will offer:

The scope of [health service organizations] responsibilities under the [ministry for health] mandate is subject to the direction of, and the resources provided by, the Minister of Health... Mandate and Accountability letters are issued to the Board Chair and the CEO, respectively by the Minister and Deputy Minister. The letter to the Board Chair sets out the mandate and expectations for [health service organizations] and the letter to the CEO provides additional detail on such matters as funding envelopes, performance measures and evaluation of performance. (HSODoc2)

Dominant Organizations Outside the Institutional Field

Nursing Education Accreditation Body. One participant from postsecondary institution discussed the influences from the nursing education accreditation body that are used in their curriculum planning and development:

I think we've got all of the [nursing education accreditation body] documents that tell us, you know, this is what should be accredited for etc. I mean that certainly gives you a fairly good indication of what should be in your undergrad education. I think that's probably key and foremost. I think it, also they help to sort of tease out the rules of Nursing in terms of what is Baccalaureate. (Participant PSI 2)

The accreditation standards document authored by the nursing education accreditation body was found to include specific requirements for the nursing education program including the need to

describe the administrative structure, learning resources available for students, admission criteria, program outcomes, curriculum, an overview of the courses, faculty academic qualifications, program delivery, student evaluations, and the location, consistency, and quality of clinical placements. These pressures were found to contribute to the issues and challenges of demands on curricula and teaching and learning values versus practice.

Provincial Education Quality Body. This organization was found to influence the institutional field of nursing education. This influence contributed to the issues and challenges of demands on curricula and the need for faculty. A participant from a postsecondary institution explained, “The first time you do [a provincial education quality body] approval you actually have to create our own advancement plan that then needs to be reported on annually” (Participant PSI 2).

National Nursing Regulatory Body. The national nursing regulatory body was found to be a dominant organization contributing to the issues and challenges for clarity of the RN role and demands on curricula through the licensure exam. The participant from the regulatory body referred to the work on the entry-level competencies by this organization and spoke of the power within the national nursing regulatory body:

I've been involved in some developing the [entry-level competencies]...there's good will on all parts, but you know, it could be that depending how much of a hammer I suppose the [national nursing regulatory body], you know the bosses of all the colleges, want to be right. (Participant RB)

The bylaws for this organization were found to outline a hierarchical structure with “Class A” and “Class B” members. A participant from a postsecondary institution referred to the national

nursing regulatory body as being almost secretive and that you must know someone to get the information from that organization:

I still see [the national nursing regulatory body] as a bit of a black box. I have some back doors into that black box because of positions that I've held and people that I know but it shouldn't be like that, right? It should be a lot more transparent than what it is.

(Participant PSI 1)

The same participant spoke about the adoption of the NCLEX-RN as the national licensure examination, the lack of input from the education institutions, and the response from the national nursing regulatory body:

The whole adoption of the NCLEX-RN that was a cluster bomb dropped in the middle of a lot of other stuff that was going on and we felt like we had no, well we did have no control over, and what added to the complexity of that was as I alluded to earlier. Here's [the national nursing regulatory body] at a national table constituted by employees of the regulators across the country making the decision that the NCLEX-RN would become a national exam for nursing with I would say muted and confusing input from the provincial regulators. Truly that was not well done. And absolutely no input from educators. Educators were not consulted at all. And it's you know, [the national nursing regulatory body] will say to you, and the regulator will say to you, and did say to us at that time that it's about regulation, sorry, it's got nothing to do with [educators].

(Participant PSI 1)

Licensure Exam Body. The licensure examination body was found to exert an informal pressure on the institutional field of nursing education programs through a document which

outlines the test plan purposes and contributes to the issue and challenge of demands on curricula:

The test plan serves a variety of purposes. It is used to guide candidates preparing for the examination, to direct item writers in the development of items, and to facilitate the classification of examination items. This document offers a comprehensive listing of content for each client needs category and subcategory outlined in the test plan. Sample items are provided at the end of each category, which are specific to the client needs category in that section. There is an item writing guide along with sample case scenarios, which provide nurse educators with hands-on experience in writing [NCLEX-RN] style test items. (LEBDoc)

National Public Interest Group. This organization was found to exert a formal pressure on nursing education programs and postsecondary institutions for curriculum through a document by calling upon:

Medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. (NPIGDoc)

Non-Dominant Organizations

Postsecondary institutions were not found to be dominant organizations within the institutional field of nursing education in this research. There were no documented mandates, rules, authority, or managerial (formal or informal) controls from the postsecondary institution

toward any other organizations. No participants spoke of any interactions or issues with perceived pressure from the postsecondary institution.

Research Question Four: Issues and Challenges and Institutional Complexity

The participant explanations of the issues and challenges led to my analysis for areas of conflict within the institutional field for institutional complexity. Five out of six identified issues and challenges were found to have areas of conflict contributing to the institutional complexity: demands on curricula, teaching and learning values versus practice, relationship between education and practice, limiting financial supports, and clarity of the RN role. These areas of conflict are highlighted on a visual illustration of complexity (see Figure H2), where the issues and challenges were presented as stars to indicate conflicting rules, frameworks, or influences that contribute to institutional complexity. The color of arrows coming into each issue and challenge illustrate if the issue and challenge has different pressures leading to them. For example, the issue of finances in the illustration (see Figure I2, Appendix I) has only blue arrows coming into it, this illustrated there was no dominant force within this issue and all the organizations involved feel this issue in a similar way. The issue of curricula on the other hand has red and blue arrows coming into it, which illustrated different pressures exerted by the different organizations for this issue. The issue of need for faculty was not found to be contributing to the institutional complexity as there were no conflicting rules or frameworks about the number of faculty needed/desired. As such, there appears to be agreement within the institutional field of nursing education that more faculty are needed.

Areas of Conflict by Issue and Challenge

Demands on Curricula. The issue and challenge of demands on curricula was found to be an area of conflict contributing to the institutional complexity due to the following five conflicts brought forward:

- practice needs and education standards, that is, clinical site expectations and the education level of the student. A participant from a postsecondary institution stated “There is always the tension between practice site expectations and what they want students to be able to [do]” (Participant PSI 1);
- requirements for specialized clinical placements and the limited availability of these clinical units, as stated by a postsecondary participant “[The] specialized placements [are] a challenge and getting good quality experiences for our students” (Participant PSI3);
- requirements for set number of clinical practice hours in the nursing education program and the availability of clinical placements;
- requirements for consistent and quality clinical placements and the availability of clinical placements as explained by a postsecondary participant:

There's a lack there of [clinical placements], the ones that do exist maybe inappropriate. We don't have enough preceptors. And we have a database called HSPNet that sometimes doesn't work the way everybody wants it to work and you know, you'll have a receiving institution or an institution that applies for clinical placements and then a receiving institution that says yes and then cancels at the last minute. So, there's a whole issue around clinical placements and preceptor capacity; (Participant PSI 2)

- the addition of curriculum topics/concepts/courses with nothing being removed as explained by a participant from a postsecondary institution:

All the [curriculum] imperatives that keep coming at [nursing education programs] from a particular point of view... There's all these imperatives and you think okay. Well at some point there are you know, there's only so many, we can't have a six-year nursing program. (Participant PSI 1)

Teaching and Learning Values versus Practice. The issue of teaching and learning values versus practice was found to be an area of conflict because of the emphasis placed on clinical learning. As per a document by the regulatory body which outlines the significant amount and expectations of clinical learning experiences:

Number of clinical placement and preceptorship hours allocated overall and per course using provincial average as a guide: RN programs (1100 hours [includes clinical preceptorship])...For initial-entry RN programs, a...minimum 350-hour, full-time, 10-week direct client care clinical preceptorship experience: clinical settings, acuity, patient populations. (RBDoc2)

In this same document the use of the term “clinical supervision” rather than “clinical instruction” creates a conflict with nursing education programs as it states, “Nursing faculty members supervise nursing students in all clinical placements”. There is uncertainty between clinical supervision and clinical instruction as explained by a participant from a postsecondary institution who stated, “We actually don't know...what clinical instructors are actually doing” (Participant PSI 2).

Relationship between Education and Practice. This issue was found to be an area of conflict within the institutional field of nursing education because it was addressed by a

participant from a postsecondary institution but not identified by the participant from the health service organizations and ministry for health – “We are completely at the mercy of our practice partners and I find that frustrating. There doesn't seem to be a valuing of the role of the learner” (Participant PSI 1).

Limiting Financial Supports. This issue and challenge was found to be an area of conflict because there was an emphasis to grow nursing education but no additional financial supports to do so. “Those flex resources are gone [for funding to grow postsecondary programs]. I mean, they just don't exist anymore” (Participant PSI 1). Yet there is demand for the seats from students and from the health service organizations.

Clarity of the RN Role. The issue and challenge of clarity of the RN role identified four areas of conflict.

- Differentiating RN and PN education but difficulty in differentiating RN and PN practice, “Role confusion between RNs and LPN/RPNs has become an issue among students, nurses, and employers” (Participant PSI 2);
- Conflict in preparing RNs for the future but difficulty in articulating the current RN role, a participant from postsecondary stated,

I think the health care system is making choices about how many and where they're placing different types of nurses in the system, and there's a challenge in terms of where RNs fit into that role, and you know, kind of then what are we preparing, how do our nurses need to be prepared into what roles are they going into in the future and the nature and type of those? (Participant PSI 2);

- Hostility between RN scope of practice and PN scope of practice, as stated by the participant from the ministry for postsecondary education, “The PNs...scope of practice

growing and interfering with the scope of practice of the RNs. So, at points in time, even though the hostility has grown less its still there” (Participant MoPSE);

- Conflict between preparing generalists or specialist as stated by a participant from a postsecondary institution “The perennial debate that seems to slide back and forth between is a four-year graduate to be a superb generalist or should we be responding to the demands of the practice environment around specialization in a more robust way” (Participant PSI 1) and written in a document by the nursing education accreditation body:

The entry-level RN is prepared as a generalist to practise safely, competently, compassionately, and ethically...The baccalaureate degree in nursing is designed to prepare a generalist nurse for entry to practice while meeting educational standards for higher education that are applicable across disciplines.

(NEABDoc3).

Need for Faculty. The issue and challenge of need for faculty was not found to be contributing to the institutional complexity from this research as there were no conflicting influences or frameworks around this issue. The need for faculty issue was supported by multiple organizations and there was no source indicating that there was not a need, or the contrary – a surplus. As there is no conflict between influence or frameworks, the need for faculty does not meet the institutional theory definition for institutional complexity, and thus does not contribute to the institutional complexity of nursing education.

Summary of Key Findings

In summary, the institutional field of nursing education comprises five organizations the postsecondary institutions, health service organizations, the regulatory body, the ministry for

health, and the ministry for postsecondary education. The institution was faced with six issues and challenges (i.e., demands on curricula, teaching and learning values versus practice, the relationship between education and practice, limiting financial supports, clarity of the RN role, and need for faculty). The institutional field contributes to the issues and challenges through the presence of dominant and non-dominant organizations. Dominant organizations are located both within and outside the institutional field. The dominant organization within the institutional field of nursing education include the health service organizations, the ministry for health, the ministry for postsecondary education, and the regulatory body. Dominant organizations outside the institutional field include the licensure examination body, nursing education accreditation body, national nursing regulatory body, and national public interest group. Postsecondary institutions are a non-dominant organization. All the issues and challenges except for the need for faculty contribute to the institutional complexity of nursing education as there are areas of conflict within the institutional field.

Chapter 5 – Discussion

In this chapter I discuss the institutional field of nursing education, the issues and challenges, contributions to nursing knowledge, the strengths and limitations of this research, and recommendations for nursing education, policy, and research. Findings from this study not only contributed to an understanding of the issues and challenges facing nursing education, but also revealed institutional influences not previously identified. Institutional context, structure, and characteristics of the included organizations influence the issues and challenges facing nursing education.

The theoretical propositions that emerged from reviewing the literature, used in accordance with Yin's (2018) methods, drew attention to the institutional structure of nursing education as well as multiple institutional influences on the issues and challenges. The theoretical propositions were: (a) the institutional field of nursing education is composed of post-secondary institutions, the regulatory body, the accreditation body, government ministries, and health service organizations; (b) the institutional field can be viewed as a structuralized social network; (c) the institutional field includes dominant and non-dominant organizations; (d) the dominant organizations exaggerate, contradict, and suppress certain issues and challenges; and (e) the issues and challenges contribute to the institutional complexity, because they are perceived differently by each organization in the field. The institutional influences include the institutional field, dominant and non-dominant organizations, and institutional complexity.

The Institutional Field of Nursing Education

The findings support the composition of the institutional field of nursing education as postsecondary institutions, regulatory body, ministry for health, ministry for postsecondary education, and health service organizations. The findings align with the institutional field in higher education (Aranguren et al., 2016; Scott & Biag, 2016). Aranguren et al. (2016) found postsecondary institutions are involved with government, associations, and firm/businesses for changes within the region. Scott and Biag (2016) conceptualized higher education as an institution composed of multiple, diverse organizations and associations that constitute the ecosystem of higher education. The composition of the institutional field in nursing education also aligns with DiMaggio and Powell's (1983) seminal identification of an institutional field including "key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products" (p. 148). For instance:

- key suppliers could refer to the health service organizations and the postsecondary institutions;
- resource and product consumers could also refer to the health service organizations as they hire graduates from nursing education;
- regulatory agencies could include the nursing regulatory body as well as the ministry for health and ministry for postsecondary education that each have legislated mandates within the institutional field of nursing education;
- the other organizations that produce similar services or products could refer to the postsecondary institutions as there were multiple nursing education programs included in this Canadian province.

Although this breakdown of key suppliers, consumers, regulatory agencies, and similar organizations may not be desired in nursing education, it does provide another lens for viewing the dominant organizations within the institutional field. The health service provides organizations as they provide the clinical placements and opportunities for real-world patient care within the institutional field of nursing education. The postsecondary institutions because they supply the workforce with nurses.

Diverging from this literature and consistent with the theoretical proposition assuming the nursing education accreditation body is included in the institutional field, the findings did not support the inclusion of the nursing education accreditation body within the institutional field. An institutional theory perspective may inform the perspective of how the nursing education accreditation body is not fully included in the institutional field of nursing education. Even though the nursing education accreditation body was identified by many of the participants as included in the institution, it did not meet the requirements from institutional theory as it is not involved with any interorganizational structures. This finding, also informed by institutional theory, suggest the significance for the nursing education accreditation body are not equivalent to the other organizations within the institutional field (Raynard et al., 2015).

Although the nursing education accreditation body was identified by multiple participants, the absence within the interorganizational structures indicates that they are not recognized in the same way as the five organizations comprising the institution. The nursing education accreditation body is a voluntary association made up of academic nurse leaders representing member Schools of Nursing across Canada. The academic leaders contribute to the nursing education accreditation body by assuming various organizational roles on boards and committees. There are also organization staff members who work to advance the strategic and

operational directives for the organization. The nursing education accreditation body provides education standards, competencies, and frameworks that have been nationally created and accepted, yet they are outside the institutional field. In other words, the absence of the national nursing education accreditation body within the institutional field, means that the voice of professional nursing education in this one province is outside the institutional field.

In order for the national nursing education accreditation body to achieve a presence and influence in the institutional field, nationally and jurisdictionally, the organizations within the institutional field need to advocate for inclusion of the nursing education accreditation body to bring the voice of professional nursing education into the institutional field. Similarly, the national nursing education accreditation body can lobby for inclusion at the provincial level through the leadership within the organization as representative of the provinces and jurisdictions. The nursing education accreditation body, as well as the other organizations within the institutional field, need to prioritize interorganizational work in order to ensure all organizational perspectives are captured for the advancement of nursing education. One should consider whether a baccalaureate degree in nursing will continue if the voice of professional nursing education remains outside the field and if the current dominant structures remain unchecked. Brown's (2017) work on accountability offers an awareness of various institutional logics at play for accreditation that could be beneficial to the nursing education accreditation body as they navigate the institutional field of nursing education; that is, recognition of the institutional factors of the state and the profession.

The findings of this research indicate that interorganizational relationships exist between the postsecondary institutions and the accreditation body for nursing education. Canhilal et al. (2016) provide an institutional perspective indicating it may not be straightforward for the non-

dominant postsecondary institutions to advocate for the inclusion of the nursing education accreditation body. Within the institution, organizations tend to seek compatibility over conflict (Canhilal et al., 2016). That is, a postsecondary institution as the lone non-dominant organization may choose not to create conflict within the institution as a way of preservation. If the postsecondary institution were exerting pressure or influence within the institutional field of nursing education it could lead to inclusion of the accreditation body, but it may lead to isolation of the postsecondary organization. Institutional theory can provide a lens from which an examination of the theoretical proposition assuming structuralized social networks within the institutional field. That is, to consider how the personal relationships between organizational representatives influence the institutional structure and comfort of the non-dominant organizations to advocate for change. Therefore, advocating or lobbying for inclusion of the nursing education accreditation body may not be difficult because interactions already exist. The relationships/interactions need to expand from the personal level to the institutional field level. The findings show that this can be done through membership on institution-wide committees. That is, adding the nursing education accreditation body onto the interorganizational group through committee membership would include all organizations in group in the institutional field. A possible first step toward inclusion of the accreditation body would be to include the accreditation body as a member of the provincial nursing education interorganizational group which already includes the regulatory body, the postsecondary institutions, the ministry for health, the ministry for postsecondary education, and the health service organizations. This group meets three times a year according to the terms of reference and any member of the group can add an agenda item. The regulatory body or post-secondary institution organizational representatives who identified the accreditation body as a member of the institutional field of

nursing education in this research need to advocate for inclusion of the accreditation body in this interorganizational group.

From an institutional theory perspective, one should consider if the dominant organizations do not want the nursing education accreditation body included in the interorganizational structure and if not, why not? Institutional theory can help explore the relationships between dominant organizations, such as how introducing another dominant organization such as the accreditation body into the institutional field may change the existing sources of dominance. One should consider whether the inclusion of the accreditation body in the institutional field of nursing education impacts the present dominant structures, could result in a weakening of the dominance, and if these potential impacts to the existing dominant structures are a reason for not including the accreditation body. For example, including the nursing education accreditation body in the institutional field could lessen the dominance of the regulatory body and the health service organization according to the key suppliers/resource and product consumers/regulatory agencies from DiMaggio and Powell (1983), thus impacting their willingness to include the accreditation body. That is, the nursing education accreditation body could be viewed as a key suppliers with the health service organizations as they supply the frameworks for standards and quality assurance in the preparation of the nursing workforce.. They could also be viewed as a regulatory agency from this institutional perspective because of the accreditation standards for nursing education which could balance the regulatory body within the institutional field.

There was a puzzling finding pertaining to the provincial nursing academic administrators' group's aspiration to be the premier voice of nursing education in this one Canadian province; however, I did not find evidence that this group was involved within the

institutional field. When examining the organizational structure of this group, there was no indication of dominance or involvement of or with the other organizations comprising the institutional field, leading me to ask: how could this group be the premier voice without involvement from other organizations and without dominant mandates or rules? An institutional theory perspective could help this group meet its vision through a revision of the terms of reference to include components such as connectivity, interaction with other organizations, and interorganizational structures from institutional theory. For instance, if the provincial nursing academic administrators' group were to fulfill their vision, they could use an understanding of an institutional field to help them specifically around increasing interaction with the organizations within nursing education, contributing to the information load, mutual awareness, and joining interorganizational structures. These requirements stemming from institutional theory are important because any organization that aspires to be involved or is currently involved in the institutional field of nursing education must consider key questions: (a) how, when, and with whom they interact? (b) how, when, and by who are they being interacted with in return? (c) what, when, and how are they bringing information to the institutional field of nursing education that is unique but impacts multiple organization? and, (d) how, when, and where are they connected through an interorganizational structure? Without this examination, it may be that aspirations to be the premier voice of nursing education is nothing more than a goal that lacks a clear strategy.

There are both similarities and notable additions and exclusions between the findings for the organizations that comprise the institutional field of nursing education and the historical establishment of the provincial nursing education planning committee, which are discussed next. Upon inception in 1964, the nursing education planning committee was composed of “the

provincial Nurses Association, the Hospital Associations, Universities, the Hospital Insurance agencies, and the Department of Education” (Hall, 1964, p. 67). This committee was the beginning of the institutional field of nursing education in this Canadian province. The study findings and the historical formation are similar (Hall, 1964), since the postsecondary institutions, the ministry for postsecondary education, and the ministry for health were included in both. Likewise, the hospital associations historically can be viewed as the health service organizations currently, in that the hospital associations were composed of members advocating for hospital needs. The hospital insurance agencies can be viewed as the ministry for health today as the federal “Hospital Insurance and Diagnostic Services Act” of 1957 “provided for publicly administered universal coverage for a specific set of services under uniform terms and conditions” (Government of Canada, para. 4, 2019) for which the provincial ministry for health is responsible. The similarities in the historical establishment and the findings from this research include the presence of postsecondary institutions, the ministry for postsecondary education, and the ministry for health.

Where the study findings diverge from the historical establishment of the provincial nursing education planning committee are with the inclusion of the regulatory body and exclusion/no mention of the professional association. A provincial nurses association existed in this province as part of the regulatory body organization – a dual mandate organization (CNA, 2021). The professional association was not mentioned in this study and when participants and documents referred to the regulatory body organization, it was directed toward the regulatory arm of the organization. The exclusion of the regulatory body from the historical establishment of the provincial nursing education planning committee is explainable because mandatory registration of nurses for public safety, or regulated practice, did not come into effect until 1984

with the “Nursing Profession Act” (CARNA, n.d.). In other words, when the provincial nursing education planning committee was established the regulatory body did not yet exist.

The change from the professional association being a part of the historical establishment of nursing education to its notable absence in the findings is consistent with current literature by Duncan et al. (2015), where they examine how nursing organizations are evolving. Although their work focuses on the nursing profession as a whole, not specifically to nursing education, there are convergences between their work and the findings of this research. For instance, they used the experience in British Columbia and the separation of the professional association from the regulatory body and the subsequent withdrawal of the professional association from the national nursing association. The separation of the regulatory body from the professional association is a national trend to achieve high-quality regulation seemingly at the expense of professional advancement (Duncan et al., 2015). The findings of this research supported a strong regulatory body influence on nursing education through the educational program requirements for program approval. These requirements are prescriptive and leave little room for the nursing education programs or the professional association to have influence into the nursing profession and the profession’s educational requirements. Although the professional association in this province was a component of the institutional field of nursing education because it was combined with the regulatory body, the findings did not indicate any influences from the association within the institutional field. Similar to the work by Duncan et al. (2015), the dominance of the regulatory body found in this research deprived the professional association to the point of looking right through it by the participants and the documents. This is a significant finding in this research and could possibly explain the issue with the lack of clarity of the RN

role within nursing education. Perhaps the ambiguity of the RN role within nursing education stems from lack of inclusion of the professional voice at the institutional level.

Lastly, with respect to the institutional field, the exclusion of student groups and patient groups from nursing education is interesting. Both of these groups would fall under the resource and product consumer groups from the seminal definition of an institutional field (DiMaggio & Powell, 1983). Students were mentioned by some participants and referred to in many of the documents, but they were referred to as individuals, not as an organized group. The same can be said for patients. From an institutional lens, the organizations within nursing education should consider the inclusion of students and patients within the interorganizational structures for a more fulsome understanding of the institution. With the current tendency of regulatory control and patient-oriented health outcomes (Backman et al., 2020; Foth & Holmes, 2017; Rolfe, 2013), their involvement seems mandatory within the institutional field of nursing education. Similarly, with students as clients and products of nursing education, their inclusion also seems mandatory based on the seminal definition of an institutional field by DiMaggio and Powell (1983).

Dominant and Non-Dominant Organizations

One theoretical proposition assumed the institutional field of nursing education included dominant and non-dominant organizations. Consistent with this proposition and existing literature, dominant organizations have been identified and studied within the higher education institutional field (Aranguren et al., 2016; Bastedo, 2005; Frølich et al., 2013; Scott & Biag, 2016; Turner & Angulo, 2018). The dominant organizations within nursing education were the regulatory body, health service organizations, ministry for health, and ministry for postsecondary education. Other dominant organizations outside of the institutional field were the provincial education quality board, nursing education accreditation body, national nursing regulatory body,

licensure examination body, and national public interest group. Postsecondary institutions were the only non-dominant organization found to comprise the institutional field of nursing education. Although Harris (2017) does not refer to postsecondary institutions as non-dominant, there is alignment with his explanation of the external influences on universities from multiple organizations.

The finding that postsecondary institutions were non-dominant should be a concern to academic nurse leaders. As the organization that directly impacts the consumers (students) and product (graduates) of nursing education and is situated within the intersection of nursing practice (ministry for health) and education (ministry for postsecondary education) it cannot be acceptable for postsecondary institutions to remain non-dominant. For example, when the regulatory body is contemplating regulatory changes for nursing practice or when the health service organization is implementing policies and procedures that impact nursing practice, neither can speak for the implications on the education of students and the resultant impacts on graduates. Postsecondary institutions can and should be supported by the institutional field of nursing education in bringing forward these implications, rather than an afterthought as described by a few participants in this research as “oh, by the way”. The findings from this research indicate that the postsecondary institutions are being managed from the ministry for health and the regulatory body for undergraduate nursing degrees. One should consider whether this would be acceptable in other professions or disciplines within the academy.

The regulatory body, with a mandate focused on patient safety, and the health service organizations, with a mandate for only health care delivery, do not have the input or insight into the educational mandates or legislations that postsecondary institutions have. Nor do they have the insights into the nationally created and accepted nursing education standards and

competencies, yet the institutional field is setup as if they do or as if the standards and competencies do not matter. Academic nurse leaders, representing the non-dominant postsecondary institutions are tasked with reminding the organizations within the institutional field of nursing education of the professional nursing education standards for advancement of the profession. This may illustrate the dominance of health over postsecondary education at the government level and the dominance of regulation over professional nursing.

There are multiple sources that speak to government and political control (Browne, 2001; Cameron et al., 2011; Duncan et al., 2015; Duncan et al., 2012; Foth & Holmes, 2017; Rolfe, 2012, 2013; Rudge, 2015) that align with the study findings. For example, health ministries and postsecondary education ministries are dominant organizations within the institutional field of nursing education. The finding that the regulatory body and the health service organizations were dominant organizations aligns with current literature. In their discussion on competency-based education in nursing, Foth and Holmes (2017) associated the managerial pressure from both employers (health service organizations) and the regulatory body as the driver behind the competency-based education movement. Their statement “competency-based education enables education to be tailored according to the demands of employers, administrators, or the market” (p. 7) indicates a source of dominance in the ability to change and mandate components needed in nursing education. Similarly, Duncan et al. (2015) recognize the increasing regulatory control and managerial culture within the regulatory body. When the participants responded about the regulatory body being an organization in the institutional field, they said few words, often just the name of the regulatory body, and offered no justification for why they thought the regulatory body was to be included in the institutional field. The finding that organizational leaders

recognized the influential capacity of the regulatory body, thus indicating the dominance of the regulatory body within the institutional field.

Institutional Complexity

One of the theoretical propositions used throughout this research assumes institutional complexity in nursing education. Nursing education is complex, and the institutional influences of structure and dominance add to the complexity. Academic nurse leaders are tasked with navigating the complexity to pursue excellence and motivate the other organizations within the institutional field (Daly et al., 2020). Dr. Deborah Tamlyn, in an interview about leadership in Canadian nursing education with Editors Myrick and Pepin (2016), identified a challenge for academic nurse leaders as the multiple competing demands. Consistent with the literature in higher education, there are multiple conflicting rules, frameworks, and influences within nursing education that academic nurse leaders work within for development, delivery, and evaluation of their programs. For instance, Zimmerman et al. (2017) explained operating in accounting education with the tension between higher education and the profession. Similarly, Wernet & Singleton (2010) explored the impacts on social work education from multiple institutional factors. Nursing education programs are impacted by the institutional influences of regulatory dominance through program evidence, program reporting, and program evaluation. Similarly, nursing education programs are impacted by health service organizations for clinical experiences, requirement of psychomotor skills, scheduling of clinical experiences, and actions while in the health service organization. These examples at times compete with the postsecondary education requirements and academic nurse leaders are left to navigate the conflicts. These conflicts were found in this research to impact the issues and challenges.

Issues and Challenges

The issues and challenges facing nursing education found in this research included: demands on curricula, teaching and learning values versus practice, the relationship between education and practice, limiting financial supports, clarity of the RN role, and need for faculty. Previous researchers identified issues and challenges such as curricula, faculty, funding, increasing regulatory control, and the licensure examination (Baker et al., 2020; Foth & Holmes, 2017; May & Singh-Carlson, 2019; Morton, 2019b; Rolfe, 2012, 2013; Salfi & Carbol, 2017; Vandyk et al., 2017). Convergence between the findings and existing nursing education literature is noted with the issues of limiting financial supports, demands on curricula, and need for faculty. Where the findings of this case study diverge from existing literature stems from the purpose of this research: that is the institutional perspective/influences on the issues. Two theoretical propositions helped identify these divergences. First, the dominant organizations affect the issues and challenges. Second, the issues and challenges are perceived differently by each organization in the field, contributing to institutional complexity.

Demands on Curricula

There were multiple demands on curricula from organizations both within and outside the institutional field. The structure of the institutional field did not appear to influence the demands on the curricula because the sources of the demands were not exclusive to organizations within the field. For example, the national public interest group impacted curricula according to participants and document sources, while not having met any of the institutional requirements to be included in the institutional field. This lack of influence from the structure of the institutional field could provide an explanation as to why this issue aligns with existing, non-institutional literature. Within current nursing education literature there are reports of content overload or

content-heavy curriculums and the concern of how to satisfy all the requirements (Giddens and Brady, 2007; Feller, 2018; Lopez & Cleary, 2019).

Where the institutional perspective diverges from existing literature on this issue is on the influence of dominant organizations and institutional complexity. This study found that the demands on curricula included multiple requirements for nursing education programs such as adequate clinical placements, content changes and mandates, learner consolidation, the licensure examination, recruitment and retention of nurses, and student mental health. This included the following from dominant organizations: regulatory requirements, employer needs, education quality standards, and content-specific imperatives.

Bringing together existing literature and the institutional perspective provides another lens with which to examine existing issues. For example, existing literature explains how the national nursing regulatory body and the licensure examination body impacted nursing education with the adoption of the NCLEX-RN (Duncan, 2020; MacMillan et al., 2017; May & Singh-Carlson, 2019; Nicklin, 2020; Oulton, 2020; Salfi & Carbol, 2017; Shamian, 2020; Spenceley, 2020; Storch, 2020; Zimmer et al., 2020). Incorporating the institutional perspective and the findings of this research highlight the organizational dominance by both the national nursing regulatory body and the licensure examination body. This dominance likely contributed to the adoption and subsequent fallout of the NCLEX-RN. May and Singh-Carlson (2019) support the findings of this research as their work did not view the NCLEX-RN from an institutional lens or use the term dominance, but nonetheless aligns with the institutional theory perspective.

Academic nurse leaders work within the institutional complexity of nursing education. The complexity within the institution from the demands on curricula found in this research support this statement. The prescribed clinical hours, types of clinical placements, multiple

content topics, restrictions on length of program, finite financial resources, regulatory requirements, ministry for postsecondary education requirements, and ministry for health requirements created complexity. This is consistent with studies in higher education where an institutional theory perspective found multiple institutional pressures that impacted the education program (Gonzales & Ayers, 2018; González et al., 2009).

Teaching and Learning Values versus Practice

The institutional influences on the issue of teaching and learning values versus practices were found with the presence of dominant organizations and contributing to institutional complexity. The regulatory body's classification of clinical supervision impacts this issue because of the difference between clinical instruction and clinical supervision. One dominant organization, the regulatory body, does not identify this as an issue and is satisfied with clinical supervision. A separate dominant organization, the nursing education accreditation body, dedicates task forces and professional development to clinical instruction (CASN, n.d.). Across the institutional field of nursing education, one should consider this contradiction and how it is impacting the other organizations.

The teaching and learning values versus practice issue was found to contribute to the institutional complexity through the conflict around teaching and mandated requirements. This includes the instruction versus supervision specifically but more generally, teaching and learning as determined by the organization providing it rather than mandated by another organization. This conflict could be explained through institutional theory as the coercive isomorphism. That is, the postsecondary institutions which implement the teaching and learning in nursing education are feeling coerced by other organizations resulting in a conflict between organizations. The higher education research literature provides some examples, for instance

Farquharson (2013) found that there were coercive pressures in developing sociology learning outcomes from outside of the postsecondary institution. Also, Fu (2017) found that entire universities changed due to coercive forces from external organizations. Across all the issues and challenges found in this research, institutional complexity is missing within the nursing education literature. Nursing education is expected by the ministry of postsecondary education to nurture creativity and research for new approaches resulting in better health outcomes. This research found the creativity and innovation were suppressed by the frameworks, legislations, and regulatory documents of the dominant organizations.

The Relationship between Education and Practice

Differing from the two previous issues, the institutional influences on the relationship between education and practice issue found in this research stemmed from lack of perception of the issue by the dominant organizations. This issue aligns with existing literature whereby Rolfe (2013) draws attention to the relationship conflict between education and practice. From an institutional lens, one could consider this issue being suppressed by the dominant organizations. There is not a mutual awareness of this issue in the institutional field, thereby creating some uncertainty within the field. For example, the postsecondary institutions do not feel equal nor welcomed at times in the interactions with the health service organizations. However, the health services organizations did not indicate any contradictions in their relationship with the postsecondary institutions. If postsecondary institutions were dominant, this issue might be taken up differently by the institutional field of nursing education through acknowledgement and possible exaggeration of the issue. A dominant postsecondary institution would have the pressure to influence change in the relationship structure, thereby equalizing the forces of pressure between postsecondary institutions and health service organizations within the institutional field.

An equalization of force might reduce other issues around practice demands and educational best practices. The contradiction between identifying the relationship as an issue or not contributes to the institutional complexity by the conflicting organizational relationships or interactions. This issue should be explored further from an institutional theory perspective.

Limiting Financial Supports

Another issue contradicted by dominant organizations is *limiting financial supports*. A contradiction was found in the field because the dominant organizations identified different reasons this was an issue. This created a separated stance on this issue. For instance, the ministry for postsecondary education was concerned about limited funding for health service organizations to hire nursing education graduates, whereas the health service organization was concerned about potential students being able to afford nursing education, and the regulatory body was concerned with decreased funding to postsecondary institutions. The institutional field of nursing education may want to clarify this issue before proceeding as a unified voice. It would be difficult for the institutional field of nursing education to advocate for financial resources if there is variance in the need for resources. Similarly, this issue was found to contribute to the institutional complexity because of the different and conflicting perceptions within the field.

Clarity of the RN Role

Institutional influences on the issue of clarity of the RN role include suppression by the dominant organizations and institutional complexity. This issue was raised by postsecondary institutions because of confusion within the clinical settings when nursing education students see other nursing roles performing the same tasks and skills after a shorter education program. The postsecondary institutions expressed concern over the lack of guidance from the regulatory body and lack of a unified response. The regulatory body did not identify this as an issue and the

entry-level competencies do not differentiate between RN practice and other nursing professions practices. One should consider whether the regulatory body's practice standards and entry-level competencies are meant to differentiate and provide clarity for the RN role. Using the institutional perspective, postsecondary institutions can advocate for enhanced clarity of the RN role through the interorganizational structures. Previous literature in higher education offers strategies for postsecondary institutions to be political actors or institutional entrepreneurs within the institutional field. For instance, Bastedo (2005) examined activist boards and strategies for political activism and change within higher education included engagement with other institutional actors and mimicking the actions of the dominant organizations. This example provides a path for the nursing education whereby the postsecondary institutions engage with all organizations within and outside the institutional field and mirror the dominant organizations in what makes them dominant (i.e., frameworks, position statements, membership of various interorganizational structures).

The issue of clarity of the RN role was found to contribute to the institutional complexity because there was tension between the understanding of the RN role in health care, what nursing education programs are preparing their graduates to be, and competing efforts between RN and PN scope of practice. Existing literature could be used to possibly explain this area of conflict for reasons that did not come through in this exploratory case study. There is an acknowledgement by a few scholars that the RN role is diminishing due to the lack of a professional association voice (Duncan et al., 2015) and increased managerialism by employers (Foth & Holmes, 2017). Missing in the literature is an explanation of how a lack of clarity on the RN role impacts the organizations comprising the institutional field of nursing education. Participants in this study

provided some explanations to how the changing RN role has made it difficult for their organization to meet the needs of the institution. This is missing in the literature.

Need for Faculty

Institutional influences on the need for faculty issue were minimal from this research. There was agreement within the institutional field on this issue and within existing literature. From an institutional perspective, the findings of agreement could indicate the unity of the interorganizational structure on this issue. Similarly, because there was agreement between the findings and the existing literature there did not appear to be exaggeration of the issue by the dominant organizations within nursing education. There were no conflicting influences found related to this issue, thus the need for faculty does not contribute to the institutional complexity of nursing education.

Contribution to Nursing Knowledge

This study contributes to nursing knowledge for nursing education in four ways. First, it shows the institutional field of nursing education as well as the dominant and non-dominant organizations. The field includes the postsecondary institutions, health service organizations, regulatory body, ministry for health, and ministry for postsecondary education. The dominant organizations within the field include the health service organizations, regulatory body, ministry for health, and ministry for postsecondary education. Postsecondary institutions are non-dominant. The nursing education accreditation body is outside the institutional field. Second, by using institutional theory, I was able to highlight the complexity when exploring the issues and challenges facing nursing education. Third, it demonstrates how the institutional field of nursing education contributes to the issues and challenges. Fourth, it illustrates the complexity of nursing education and that the institutional complexity is an issue or challenge itself. This leads to critical

questions that academic leaders must urgently address by finding tables/audiences and starting the conversations to address the institutional field and dominant forces within nursing education. For example, how are the educational standards and professional nursing competencies being upheld or advanced with the dominance of the regulatory body and the health service organization within the institutional field? How will the dominance of patient safety and health care delivery over education and professional nursing impact the baccalaureate nursing degree? What happens to the baccalaureate nursing degree if the dominant organizations continue to go unchecked?

Organizations and organizational actors within the institutional field of nursing education need to be aware of the institutional structure, the interaction between organizations, the issues and challenges facing the institutional field of nursing education, and the resultant complexity to understand how the institutional elements impact their work and their interactions and influence within the institutional field. This study opens the door for the use of institutional theory in nursing education as this perspective was useful in exploring the issues and challenges facing nursing education and the power to influence change.

The issues of demands on curricula, clarity of the RN role, the relationship between education and practice, and limiting financial supports are critical issues facing nursing education. The institutional field of nursing education needs to push for a cohesive approach to resolve these issues and institutional theory can help in awareness, strategy, and aligning responsibilities across the institution. First, institutional theory, through the examination of structure and social influences can bring awareness to the issue, why it is an issue, and which organizations are impacted by the issue. Second, institutional theory can guide strategies to resolve the issues through connectedness between organizations, information sharing, and raising

the profile of each organizational administrator for leadership within the field. That is, institutional theory can inform leadership in each organization and influence nursing education going forward by supporting the different mandates for a common goal. This also ties in the use of institutional theory for aligning responsibilities across the institution because each organization has a different mandate and different responsibilities within nursing education. An institutional theory perspective can help recognize mandate creep or mandate overlap between the organizations that contributes to the issues and challenges. For example, the relationship between education and practice was brought forward by postsecondary institutions because they were being directed by practice environments on educational strategies and curriculum imperatives.

This research informs a systems level grasp of the issues and challenges facing nursing education whereby we acknowledge and recognize the areas of dominance and institutional complexity within the institutional field. This acknowledgement is not to single out certain organizations but to work within the existing rules and frameworks in an attempt to have important issues heard and potentially offer directions for resolutions. An institutional theory perspective illuminates how issues can be suppressed or contradicted by dominant organizations. Nursing education organizations could prevent suppression and contradiction of important issues by working with the dominant organizations and articulating these issues as concerns for all organizations within the institutional field of nursing education. This research also informs connections between organizations at the system-level, that is, to raise institutional issues, then senior-level administrators who can act on behalf of the organizations are needed at the table. Lastly, this research tells us that many of the existing rules and frameworks are contributing to

the issues of dominant organizations and institutional complexity. A way forward from here is to evaluate the existing rules and frameworks with all organizations represented.

An institutional theory perspective provided a lens for examination of the issues and challenges facing nursing education as complementary to critical and descriptive perspectives. Institutional theory encompasses structures and interactions between organizations that lead to the issues and challenges. Institutional theory can provide a direction that points to post-critical theory through its examination of complex institutional structure and conflicting institutional influences. Institutional theory supported a system level examination from the institutional field including an examination of the institutional structure by identifying the organizations comprising the institution and the interactions between organizations, capturing the conflicting issues stemming from the structure, highlighting the complexity stemming from different mandates of the organizations within the institutional field of nursing education, and capturing a collective list of the issues and challenges.

Strengths and Limitations of this Case Study

The strengths of this study were fourfold. First, the embedded units design, as I was able to differentiate between the organizations within the institutional field to explore the institution. Second, the organizations within nursing education all have different mandates supporting the purposive sampling from the different organizations/participant groups within nursing education. Third, the sample was representative of the institutional field of nursing education in this one province. The participants were senior-level administrators/individuals representing an organization determined a priori to be included within the institutional field. The participants could speak at an organizational level. The participants were knowledgeable about their organization and the interaction with other organizations for nursing education. They could

describe the issues and challenges from their organization's standpoint. The documents varied by organizational author, type, and length. Fourth, my insider-researcher position as an academic administrator and a member of the case that was studied. This position allowed me to have a strong understanding of the issues being studied (Yin, 2018), the ability to adapt during the interviews and ask for further clarification in the participants' responses, and the position to make recommendations and pose questions for consideration of other academic administrators from the findings.

Being an insider-researcher is also a limitation of this study as my objectivity was limited. My position may have led to assumptions throughout the research process. Other limitations of this study include (a) single interviews, (b) the amount of data, (c) presenting the complexity simply, and (d) limited generalizability. First, the findings are based on one interview with each of the participants and documents obtained from each of the organizations. A focus group interview might have enhanced the exploration of interaction between organizations, as well as allowing for an evaluation of how the issues and challenges are perceived differently by each organization. Alternatively, a second interview or sending the analysis to the participant as suggested by Yin (2018) would have increased the rigour of this research. Second, this case study produced a lot of data. Due to the quantity of data, a revisiting could reveal other issues or institutional influences. Third, the complexity of this single case study with embedded units is difficult to represent simply (Yin, 2018). Fourth, the institutional field and the issues and challenges facing nursing education focused on one Canadian province. Data sources, organizations, and interactions would be different in other provinces. Therefore, this case study is not generalizable in the conventional sense (Yin, 2018).

Recommendations

For the Institutional Field of Nursing Education

One prominent recommendation for the institutional field of nursing education is an awareness, acceptance, and inclusion by all organizations of the other organizations that they would consider involved in nursing education. The finding that the nursing education accreditation body is not an organization within the institutional field despite identification by multiple participants supports this recommendation. The nursing education accreditation body, as the national voice for professional nursing education, should be included in interorganizational structures at the provincial level. Interorganizational structures are a required component of the institutional field, as such, these structures should include representatives from all organizations deemed to be a necessary player in the institutional field of nursing education. Specifically, the membership for the provincial nursing education interorganizational group should be revised to include the nursing education accreditation body.

Another recommendation for the institutional field of nursing education from the findings of this research include awareness and conscious involvement of the professional association. The dual-mandate regulatory body/professional association was only identified for the regulatory arm. The work by Duncan et al. (2015) provides an example within Canada as to why inclusion of the professional association is important for the discipline. Not having a professional voice within the institutional field of nursing education should be concerning for all nurses. The consequences of which could be grave for the profession. If the dominant forces continue to come from regulation and health service organizations, the professional voice of nursing for nursing education will cease to exist. If the professional voice of nursing ceases to exist, a consequence could be the downfall of the baccalaureate degree in nursing as found in the issue of

teaching and learning values versus practices. One needs to consider whether the lack of a professional voice within the institutional field, as the most influential voice for professional nursing education, will ultimately change by removing the standards for baccalaureate education. The institutional theory perspective used in this research, and similar uses in higher education, supports advocacy of inclusion of the professional association and strategies to shift the dominance within the institutional field. These include mirroring the dominant organizations by exerting pressures through position statements, interorganizational structure memberships, and political activism.

For Nursing Education Policy

Institutional theory focuses on the social and political influences on organizations and provides the rules for organizations to operate (Scott, 2005) thus providing substantial opportunity to influence nursing education policy. The findings of this research recommend policy in three ways. First, the findings of this study identified the institutional field of nursing education and which organizations were not included in the field. I recommend a policy for the interorganizational structure to include all organizations deemed to be involved in the institutional field of nursing education. Based on the findings, this means expanding the membership to include the nursing education accreditation body and the elected leader of the professional arm of the regulatory body. Based on institutional theory, this means ensuring the policy principles support interaction between organizations, creation and maintenance of interorganizational structures, sharing of information, and awareness mutually between all organizations (DiMaggio & Powell, 1983; Thornton et al., 2012). The terms of reference for the provincial nursing education interorganizational group found in this research offer a starting place for this policy development as some of the institutional elements are already present.

The second recommendation for nursing education policy is creation of an institutional policy and process for managing issues within the institution. This includes working through the dominance and non-dominance structures within the institutional field (Raynard et al., 2015). Findings also indicate where one organization or another was not supported by other organizations., therefore in the presence of many dominant organizations, there needs to be a policy for the non-dominant organizations to be heard and their concerns not suppressed by the dominant organizations. Examples for unified institutional systems through policy are available within the higher education literature, which provide explorations of how policy influenced change (Croucher & Woelert, 2016; Jin & Horta, 2018). This needs to be initiated within the institutional field of nursing education. That is, the five organizations comprising the institutional field need to ensure policy is supporting postsecondary institutions and not further contributing to their suppression. This provides an opportunity for organizational leaders to create an environment in which all organizations feel supported and encouraged within the institutional field.

The third recommendation for nursing education policy is to develop a set of principles for the senior-level administrators working within the complexity of nursing education. Specifically, if an academic nurse leader was having difficulty navigating the conflicting frameworks from the regulatory body and the government ministry for postsecondary education how would they reach a resolution or clarification? Institutional theory can map out the complexity in a similar way to the visual illustration completed in this research to provide senior-level administrators with an understanding of the institutional field. The complexity of this policy, like this research, may be difficult to capture in a simplistic way, but it would be extremely beneficial to all organizations involved in nursing education.

For Nursing Education Research

I recommend four areas for further nursing education research stemming from the findings of this case study. First, the structuralized social network within the institutional field of nursing education should be studied. One of the theoretical propositions from institutional theory used in this research pertained to the institutional field of nursing education was a structuralized social network. The findings did not support or refute this proposition. A social network analysis approach (Prell, 2012) could be used to uncover the social relations between the organizations would strengthen the applicability of institutional theory to nursing education. This research could inform the structure of the relations between organizations and the influence of them on the composition of the institutional field including the behaviour, attitudes, beliefs, and knowledge within the institutional field of nursing education. Research in this area would enhance our understanding of the institutional field of nursing education, highlight the roles of networks and relationships in understanding various issues, and draw attention to areas within nursing education requiring interactions and relationship building. In particular, the relationships with the organizations within the institutional field and the organizations outside the field.

Second, the relationship between education and practice should be studied because the findings from this research were contradictory where the postsecondary institutions identified it as an issue, but the health service organizations did not. Is this contradiction a result of organizational dominance within the institutional field? Or is this contradiction a result of unawareness within the institutional field? I would expect this research to provide strategies to resolve this issue either through mutual awareness or limiting the dominance.

Third, I recommend that each issue and challenge be studied individually. Although isolating the issues in this way may not fully capture the complexity between the issues, it would

support an in-depth understanding of the specific issues. I recommend that the issues be studied in a focus group setting or follow-up interviews where the organizational participants can hear/read what the other organizations state about the issue or challenge. This will allow for further exploration of the issues and challenges contributing to the institutional complexity and how they are perceived by each organization in the field, as well as capturing a directed response from the participants about the specific issues and challenges as opposed to answering an open-ended type of question.

Fourth, interpretation of the findings in this study has resulted in many questions that could be explored in future research studies. Of particular interest are the dominance of the regulatory body, the complicit perception with the regulatory dominance by the other organizations, and the non-dominance of the postsecondary institutions. Foth and Holmes (2017), and Duncan et al. (2015) call for continued examination of the political forces influencing nursing education. An institutional theory perspective can help explore the political forces such as social structures, rules, and myths that create issues within nursing education. From the findings of this study and the existing literature, I recommend research on the dominance of the regulatory body within nursing education and the absence of a professional association. How would a balanced regulatory arm and professional arm impact the institutional field of nursing education?

Summary

The use of the institutional theory perspective in this study to explore the issues and challenges facing nursing education has:

- Identified the institutional field of nursing education in one Canadian province as being composed of postsecondary institutions, the regulatory body, the ministry for health, the

ministry for postsecondary education, and health service organizations, thus acknowledging the complex context in which academic nurse leaders in nursing education work;

- Identified the dominant and non-dominant organizations within the institution;
- Identified current issues and challenges as demands on curricula, teaching and learning values versus practice, the relationship between education and practice, limiting financial supports, clarity of the RN role, and a need for faculty;
- Identified the institutional influences of structure, dominance, and complexity on the issues facing nursing education.

The study findings supported the applicability of institutional theory in exploring the issues and challenges facing nursing education, as well as defining the institutional field of nursing education in one Canadian province. Although not all theoretical propositions were supported by the study, additional research could further refine or refute the theoretical propositions. For the institutional field of nursing education, the exclusion of the nursing education accreditation body raised questions as to why that organization is not included in the provincial interorganizational structure despite all participants identifying them as an organization within nursing education. This also raised questions and suggestions for other organizations to be included. For the issues and challenges, this exploratory case study identified new themes as well as others that align with existing literature. Future research is recommended to delve deeper into the issues and challenges faced by nursing education from an institutional theory perspective that could also incorporate strategies used by organizations to work within or around these issues and challenges.

Chapter 6 – Summary and Recommendations

I have organized this chapter into two sections: summary and recommendations for nursing education research, policy, and practice.

Summary

Undergraduate nursing education is essential to health care by ensuring that nurses entering the profession have the knowledge, skills, and attitudes to maintain and promote the health of society for the urgent global workforce needs (WHO, 2020). Nursing education is faced with multiple issues and challenges. A system-level perspective to explore these issues and challenges is missing from the literature. Institutional theory provides an approach to an institutional-level (system-level) exploration of issues and challenges facing nursing education. This research aimed to use the aspects of new institutional theory, institutional logics, and institutional complexity to explore the issues and challenges facing nursing education in one Canadian province.

A review of the literature indicated that issues and challenges facing nursing education were examined primarily from a descriptive or critical perspective, and identified specific issues facing nursing education. Current issues and challenges identified in the literature were: curricula (Baker et al., 2020; CASN, n.d.; Foth & Holmes, 2017; Morton, 2019b; Rolfe, 2012, 2013), faculty (CASN, 2019; Morton, 2019b; Vandyk et al., 2017), funding (Horns & Turner, 2006; Morton, 2019a), increasing regulatory control (Duncan et al., 2015; Duncan et al., 2012; Rudge, 2015), and the licensure examination (Baker, 2019; Duncan, 2020; Foth & Holmes, 2017; MacMillan et al., 2017; May & Singh-Carlson, 2019; Nicklin, 2020; Oulton, 2020; Shamian, 2020; Salfi & Carbol, 2017; Spenceley, 2020; Storch, 2020; Zimmer et al., 2020).

The current examinations fail to examine the structure or system that supports dominance to influence, oppress, or create tension between the organizations within the system. Similarly, a perspective that supports considerations of how one issue impacts another is missing, in addition to how one organization exaggerates an issue, or how an organization suppresses a different issue. How the system impacts the issues and challenges or how the issue impacts the system was missing. An institutional theory perspective could fill this gap.

Institutional theory has been used with increasing popularity in higher education research, but nursing education is largely absent from this body of literature. A scoping review on the use of institutional theory in higher education provided examples of how institutional theory can be applied to explore issues and challenges facing nursing education and incorporate the theoretical concepts of an institutional field, dominant organizations, and institutional complexity. This perspective in nursing education could view the institution comprising many organizations with structures, rules, and practices resultant of social expectations, recommendations, and pressures.

Yin's (2018) exploratory single case study with embedded units design was the method for this research. Case study as a research method has been used in nursing to investigate phenomena within the context that it occurs and is appropriate when researchers are wanting an in-depth understanding of the phenomena. A case study approach aligned with this research as the issues and challenges facing the institutional field of nursing education could not be isolated, separated, or manipulated from the institutional field of nursing education. Consistent with Yin's (2018) case study design, an exploratory approach was employed to uncover the phenomenon of the issues and challenges facing nursing education from an institutional theory perspective. This supported the development and use of theoretical propositions from institutional theory to guide the design, sample, data collection, and data analysis of this research. An institutional field

perspective was consistent with Yin's (2018) single case with embedded units design as the institutional field in this one Canadian province was the case and the embedded units were the organizations comprising the institutional field of nursing education. Data collection from organizational representatives and documents was consistent with the theoretical propositions and the embedded units design. Analysis techniques included deductive and inductive thematic analysis, building a case description, and visual analysis strategies. Aligning with Yin (2018), the analysis moved through the research questions sequentially at first and then morphed into an iterative process as the analysis focused on the institutional field with embedded units rather than embedded units as stand-alone entities.

This research resulted in findings: (a) the institutional field of nursing education comprised five organizations – postsecondary institutions, health service organizations, the regulatory body, the ministry for health, and the ministry for postsecondary education; (b) there were dominant organizations within and outside the institutional field; (c) the dominant organizations within the institution field were the health service organizations, the regulatory body, the ministry for health, and the ministry for postsecondary education; (d) the dominant organizations outside the institutional field were the nursing education accreditation body, the provincial education quality body, the national nursing regulatory body, the licensure examination body, the national public interest group; (e) the postsecondary institutions were the only non-dominant organizations within the institutional field of nursing education; (f) nursing education is a complex institution as there were areas of conflicting rules and frameworks; (g) the issues facing nursing education include demands on curricula, teaching and learning values versus practice, the relationship between education and practice, limiting financial supports, clarity of the RN role, and need for faculty; (h) the dominant organizations can exaggerate,

contradict, or suppress the issues and challenges; and, (i) institutional influences of structure, dominance, and complexity impact the issues and challenges.

The findings of this case study supported the theoretical propositions of an institutional field for nursing education, the presence of dominant organizations within the field, and that the issues and challenges contributed to the institutional complexity of nursing education in one Canadian province. For example, the identification of dominance and institutional complexity as issues facing nursing education likely would not have emerged, if an alternative perspective was used. Also, the identification of the organizations comprising the institutional field from institutional theory did not include an organization that I and many participants assumed to be included. That is, the institutional field excluded the nursing education accreditation body, despite being identified by all participants. This organization's exclusion from the interorganizational structure within this province led to questions about why the nursing education accreditation body was not invited to be included in the interorganizational structure, as well as suggestions for both the institutional field and the nursing education accreditation body for inclusion.

In addition, the institutional influences on the issues and challenges were discussed based on the findings and existing literature. The demands on curricula stemmed from organizations within and outside of the institutional field. Institutional complexity influences the issue of teaching and learning values versus practice because of the conflict around teaching and mandated supervision requirements. The issue relationship between education and practice is not mutually aware across the institutional field which has created uncertainty of the issue. Institutional influences on the issue limiting financial supports included contradiction by the dominant organizations within the institutional field as the reasons for the issue were different

for each organization. The issue of clarity of the RN role was influenced by the institutional field through suppression by the dominant organizations not acknowledging the issue, as well as complexity through reported tensions of education for RN role versus RN role in practice. The institutional influences on the need for faculty issue were minimal due to agreement across the field.

This study contributed to nursing education knowledge. First, it supported an institutional lens to view the issues and challenges facing nursing education from an institutional field, organizational dominance, and institutional complexity perspective. Second, it demonstrated how institutional influences impacted the issues and challenges facing nursing education. Third, it illustrated the complexity of nursing education. This illustration raised awareness of the institutional structure, the interaction between organizations, the issues and challenges facing the institutional field of nursing education, and the resultant complexity to understand how the institutional elements impact the work of organizations and the interactions between organizations within the institution.

Recommendations

Recommendations for nursing education research include the following: (a) study the structuralized social network within the institutional field of nursing education, specifically social relations between the organizations, to understand how the social relations influence the composition of an institutional field; (b) the relationship between nursing education and nursing practice should be studied from an institutional perspective because the findings from this research indicated a contradiction; (c) continue to study the issues and challenges facing nursing education using different research designs (e.g., focus group interviews with an organizational

participant from each organization present); and (d) study the dominant organizations and the institutional influences that encourage and strengthen their dominance.

Recommendations for nursing education policy include the following: (a) create a policy for the interorganizational structure inclusive of all organizations comprising the institutional field of nursing education; (b) create an institutional policy and process for managing issues within the institutional field of nursing education; (c) develop a set of principles for working through the complexity of nursing education, and (d) a plan within the institutional field of nursing education of how to deal with dominance within the institution, for instance, the institutional field of nursing education must ensure that the non-dominant postsecondary institutions have a place to voice their concerns, advocate for power, and speak out against power.

Recommendations for nursing education practice include: (a) an awareness of the other organizations within the institutional field of nursing education; (b) an awareness of the dominant organizations within nursing education – postsecondary institutions are not dominant; (c) work with the dominant organizations on issues of importance to minimize suppression of the issue; (d) include the other organizations in discussions and decision-making impacting the institutional field of nursing education; (e) advocate for the inclusion of the nursing education accreditation body and the professional association to join the institutional field through memberships on provincial committees, interactions with other organizations, and information sharing; and (f) engage with leaders at the appropriate level within other organizations in the institutional field of nursing education.

Chapter 7 – Post-Script

This final chapter comprised a retrospective reflection on the context in which I undertook this research. After I finished data collection, two significant events happened in this Canadian province. The two events were the COVID-19 global pandemic and the move of the regulatory body to a single mandate organization with a stand-alone provincial professional association. I offer preliminary thoughts on these events from the lens of this research and the lens of my experience.

COVID-19 Pandemic

In March 2020 due to the COVID-19 pandemic, nursing education shifted in a matter of days. This shift included changing educational delivery from face-to-face to remote options, removal of students from the clinical setting, and in my experience, segregation of the organizations found in this study to comprise the institutional field of nursing education. That is, the postsecondary institutions, the health service organizations, the ministry for health, the ministry for postsecondary education, and the regulatory body started to work in silos to plan for their own organizations. Participating in weekly meetings with the nursing education program leaders, I noticed quite quickly that the postsecondary institution programs could not plan for student completion or upcoming courses without having the regulatory body, the health service organizations, the ministry for health, and ministry for postsecondary education present during these calls. The study findings support this experience as the postsecondary institutions were the only non-dominant organizations and some existing mandates, rules, and frameworks from the other organizations were no longer appropriate. Given the current structure of the institutional field of nursing education and the sources of pressure, how could the postsecondary institutions plan and move forward during the COVID-19 pandemic without direction and approval from the

other organizations? In my experience, they could not. That led to expanding the weekly meetings to include representatives from the other organizations. An awareness of institutional theory and the conceptualization of nursing education as an institution could have prevented/reduced the stalled weeks by inviting the other organizations to the table initially. The interruptions to nursing education from the COVID-19 pandemic highlighted the organizations comprising the institutional field of nursing education and that all of the organizations were needed at the table to make decisions quickly for the students, programs, nursing care, and the health care of society. If an institutional theory approach was taken initially with the onset of the pandemic, how would the planning and implementation of COVID-19 guidelines for nursing education be different, if at all? Would an institutional theory approach have saved time for the organizations overall?

Single Mandate Regulatory Body

In August 2020, the provincial council of the regulatory body voted unanimously to move to a single mandate regulatory organization. This included establishing and growing a professional association. This move and unanimous vote aligns with my interpretations of the findings and lack of acknowledgement of the professional association in this research and within the institutional field of nursing education. With this change in the regulatory body and soon to be stand-alone professional association, there is potential and hope for a strong association voice within the institutional field of nursing education. In order for this to occur, I recommend that the other organizations – the senior-level administrators – include the newly formed association within the interorganizational structures. That is, invite the professional association to the table, incorporate a representative from the association into committee/task force memberships, and interact with them. Having a professional association included within the institutional field of

nursing education can help nursing education fulfill the purpose called for in the 21st century (WHO, 2020) by balancing or meeting the dominance of the regulatory body, giving a voice to the non-dominant postsecondary institutions, and working to resolve the critical issues. An institutional theory perspective can help the professional association accomplish these elements by understanding the forces of pressure and power, recognizing the sources of complexity, and advocate for resolving the critical issues to advance the institutional field of nursing education.

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Appendix A

A Scoping Review on the use of Institutional Theory in Higher Education Research

The use of institutional theory (IT) in higher education (HE) grew exponentially over the years. Currently, there are a number of studies in HE based on IT to better understand the structure, activities, and players within the higher education system and specific academic disciplines (Cai & Mehari, 2015; Meyer et al., 2008). IT provides a lens to examine the social influences on structure, rules, and practices of organizations (Scott, 2005). Given the wide use of IT in higher education research (HER), it is notable that a systematic review on IT has not been published yet. Such a review could report when and how IT is used, what aspects of IT have been helpful in study designs, and most importantly what has been learned about HE from the IT use. The purpose of the current study was to conduct a scoping review of the HE literature using IT to address these questions.

HER is the inquiry into tertiary or postsecondary education to understand the current context of HE and tertiary education. We used a scoping review to explore how IT is used within HER. IT perspectives focus on social influences affecting organizational structure, rules, and practices (Scott 2005). IT is gaining popularity in HER as a framework to better understand the structure, rules, activities, and players within the HE system and specific academic disciplines (Cai and Mehari 2015; Meyer et al. 2008). The aim of this scoping review was to map the IT use in HER including IT aspects, theme/issues within HER, and levels of analysis. The IT aspect refers to a specific IT perspective (i.e., old IT, new IT, old and new IT combined, institutional logics, or institutional entrepreneurship). Theme/issue within HER is a categorization of phenomena under investigation. For example, a theme could be course design, knowledge and research, or system policy. Level of analysis in HER refers to the setting of the phenomena under

investigation. For instance, phenomena at department or program level, regional or international level.

In addition to charting the aspect of IT used in HER, we sought to record the phenomena under investigation, and the level of analysis. Tight (2012) created a classification system for HER to organize this growing body of literature. Two of Tight's (2012) classifications are used in this scoping review – themes/issues in HER and levels of analysis. The IT themes/issues are: (a) teaching and learning; (b) course design; (c) student experience; (d) quality; (e) system policy; (f) institutional management; (g) academic work; and (h) knowledge and research. The levels of analysis are individual, course, department, university, region, nation, system, and international (Tight, 2012).

Materials and Methods

This scoping review was conducted using the methodological framework of Arksey and O'Malley (2005). We followed the recommended five stages: identifying the research question, identifying relevant studies, study selection, charting the data, and reporting the results.

Research Question Identification Stage

Our research question in this review was: “what is already known about the use of IT in HER?”

The main objectives were to identify:

- Aspects of IT used in HER,
- Level of analysis in HER using an IT perspective, and
- Themes/issues being examined in HER from an IT perspective.

Inclusion/Exclusion Criteria

Inclusion and exclusion (eligibility) criteria were determined prior to searching the literature (see Table A1). The timeframe of publication between years 2000-2018 was set to

capture current use of IT in HER. All theoretical and empirical studies of any design were included, while the grey literature was specific to discussion papers, institutional reports, newspaper/magazine articles, and websites of current uses of IT. The research setting/theoretical context had to be HE, postsecondary education or postsecondary institutions. Studies were excluded if the full text could not be retrieved or was not written in English, an IT perspective was recommended rather than be the lens used in the study, or if HE was a recommendation from a primary or secondary education study.

Table A1

Inclusion Criteria

Inclusion criteria	Exclusion criteria
Published between 2000-2018	IT was not used to guide the study or theorizing a priori.
Published in the English language Empirical, theoretical, or conceptual publications	Context of primary or secondary education.
An aspect of IT used to frame the study, i.e. old, new, old and new, institutional logics, or institutional entrepreneurship	
Discussion papers, institutional reports, newspaper/magazine articles, HE websites	
Context of HE	

Identifying Relevant Studies

We identified relevant studies through searches of electronic databases and reference lists and grey literature through internet searches and hand-searching websites. A research librarian was involved in developing and implementing the electronic database search strategy. The electronic databases searched included CINAHL, Sociological Abstracts, Google Scholar, and ERIC using search terms that were specific to each database (see Table A2). The grey literature was searched through Google and the HE websites Higher Ed Professor, Academic Forum,

University Affairs, and Inside Higher Ed with keyword searches of IT, institutional logic, and institutional entrepreneur.

Table A2

Electronic Database Search Terms

Database	Search terms
CINAHL	("institutional theor*" OR "institutional logi*" OR "institutional entrepreneu*" OR "isomorphi*") AND ("post secondary" OR "higher education" OR "postsecondary" OR (MH "Education+") OR (MH "Colleges and Universities+") OR (MH "Education, Nursing+") OR "nursing education")
Sociological Abstracts	MAINSUBJECT.EXACT.EXPLODE ("Higher Education") AND ("institutional theor*" OR "institutional logi*" OR "institutional entrepreneu*" OR "isomorphi*")
Google Scholar	2 searches: <ul style="list-style-type: none"> • intitle: "institutional theory" "higher education" • intitle: "institutional theories" "higher education"
ERIC	("institutional theor*" OR "institutional logi*" OR "institutional entrepreneu*" OR "isomorphi*") AND ("post secondary" OR "higher education" OR "postsecondary" OR "university*" OR "college" OR DE "Higher Education" OR DE "Graduate Study" OR DE "Postdoctoral Education" OR DE "Undergraduate Study" OR DE "Postsecondary Education as a Field of Study")

Study Selection

Two reviewers screened the titles and abstracts of the retrieved publications independently against the predetermined eligibility criteria. Then, we similarly retrieved the full text of the publications that survived the initial screening. In cases of uncertainty or disagreement between reviewers, the study was included to be considered at the next step, i.e. title uncertainty was included for abstract review; and abstract uncertainty was included for full-text review. For the grey literature sources, first we screened the title followed by the full text. A spreadsheet was

used to track the screening process at various stages and document the rationale of excluded records. This review process file/spreadsheet is available upon request.

Charting the Data

Data were extracted, categorized, and summarized. We developed the data extraction table that included publication information – author, year, journal, title, and issue/page number – and the following:

- Study descriptive information such as sample/population, study purpose, methodology (i.e., qualitative, quantitative, mixed methods, or theoretical), and academic discipline is specified.
- The aspect of IT – old, new, old and new, institutional logics, or institutional entrepreneurship.
- HER context – based on Tight’s (2012) classification of themes/issues in HER.
- Level of analysis – based on Tight’s (2012) classification in HER.
- Study findings.

The data extraction spreadsheet is available upon request.

Collating, Summarizing, and Reporting the Results

The extracted data were collated into a matrix to illustrate the linkages between the aspect of IT, level of analysis, and theme/issue within HER (Appendix B, Table B2), which is described below. The data were also summarized in narrative form and the reader can identify the aspect of IT, theme/issue, and level of analysis.

Results

Descriptive Information

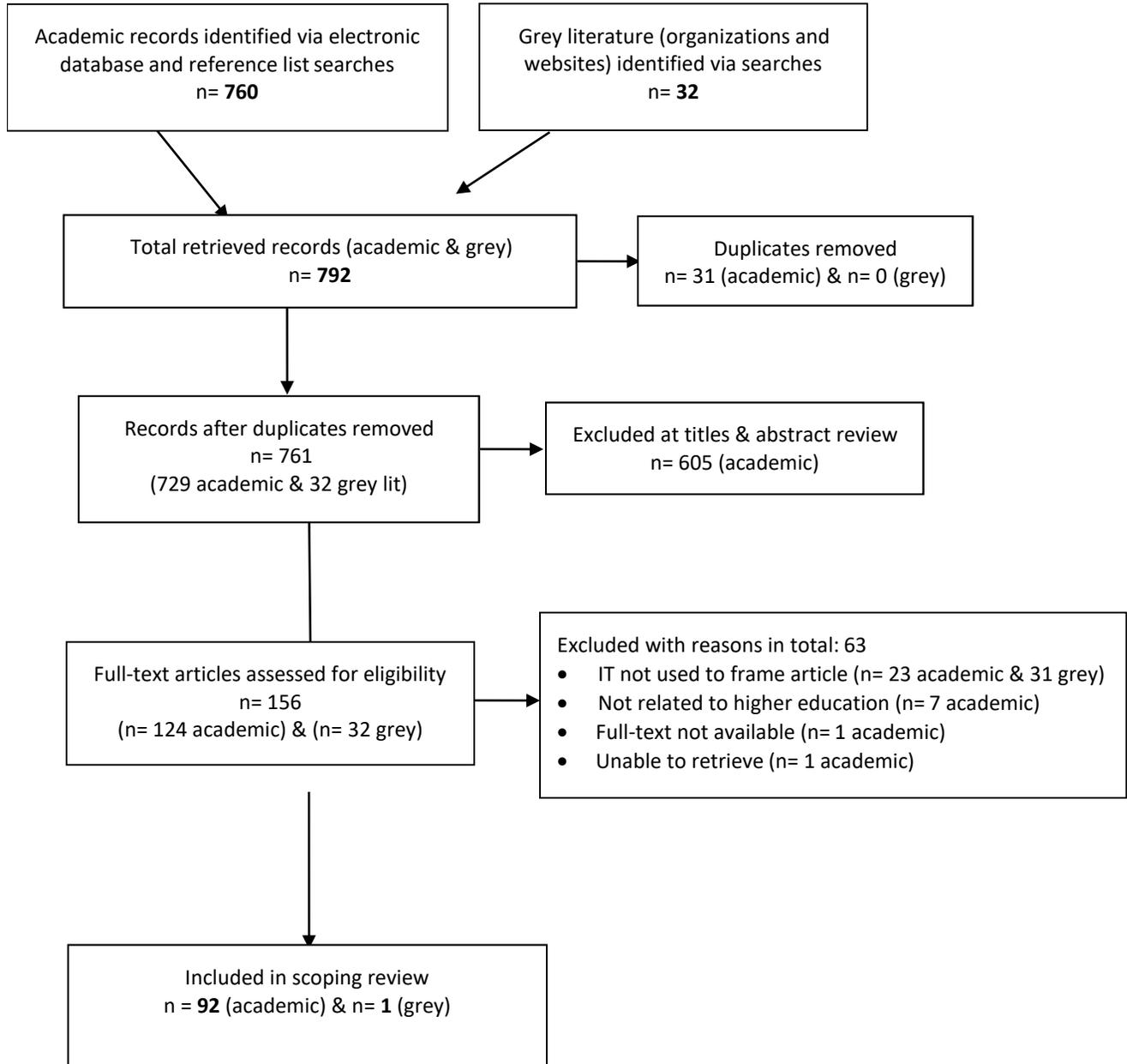
We identified 760 academic records in total via electronic databases and reference lists. After removing 31 duplicate publications, 729 titles remained for review. After title and abstract review, 605 records were removed as not relevant. Then, 124 full-text publications were reviewed and 92 included for data extraction. Similarly, we identified 32 grey literature records, which after full-text review, only one remained for data extraction. Figure A1 (flow diagram) depicts the process of data selection.

From the 93 included sources, 72 were studies 20 theoretical articles, and one grey report. Of the 72 studies, 43 were qualitative, 18 quantitative, and 11 mixed methods. The study designs of the included primary studies are divided into descriptive (n=2), exploratory (n=17), and explanatory purposes (n=74).

The majority (n=80) of the 93 included sources did not have a specific academic discipline identified in the use of an IT perspective. Of the remaining 13 sources, the following academic disciplines were identified: business (n=5), social work (n=2), sociology (n=2), psychology (n=1), acupuncture (n=1), music (n=1), and education (n=1).

Figure A1

Flow Diagram of Search Process



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

The included sources involved research and theoretical conceptualizations from multiple countries, a combination of selected countries, continents, and theoretical propositions of HE.

The USA was the most frequent individual country (n=21) followed by China (n=6) and Australia (n=4), Canada (n=4), Spain (n=4), and the UK (n=4), and other countries included Germany (n=2), Greece (n=2), Israel (n=2), Norway (n=2), Sweden (n=2), Finland (n=1), Hungary (n=1), Italy (n=1), Korea (n=1), Namibia (n=1), Philippines (n=1), Poland (n=1), Russia (n=1), Switzerland (n=1), Syria (n=1), Taiwan (n=1), and Turkey (n=1). Seventeen studies had data or information from a combination of countries; and five studies had Europe as the catchment area. Six studies used HE as the catchment.

Aspects of IT

Of the 93 sources, 66 included new IT (published 2000-2018), 13 included institutional logics (published 2009-2018), 10 included old and new IT (published 2004-2015), and four included institutional entrepreneurship (published 2005-2016). Old IT was not found in any of the included articles as the stand-alone perspective.

Themes/Issues in HER

All eight themes/issues identified by Tight (2012) were explored by one aspect of IT or another (see Table 4). Institutional management (n=32) and system policy (n=27) were the themes explored most frequently, followed by academic work (n=9), course design (n=9), quality (n=6), teaching and learning (n=4), student experience (n=3), and knowledge and research (n=3).

Level of Analysis

Similarly, all eight levels of analysis were used with one aspect of IT or another (see Table 4). The most frequent levels of analysis were at the system (n= 25), nation (n=22), and university levels (n=21), followed by region (n=10), international (n=8), department (n=3), individual (n=3), and course level (n=1).

Primary Study Results

A supplementary information table which displays the results of this scoping review organized alphabetically by the first/corresponding author is in Appendix B, Table B1. The supplementary information includes the study methodology, themes/issues in HE, level of analysis, aspect of IT, and study findings.

Collating and Summarizing the Results

Aspects of IT and Themes/Issues in HER. The frequency of use for each aspect of IT based on these themes/issues in HE is presented in Table B2 (Appendix B). Studies drawing on new IT were used to frame HER in all eight of the themes/issues. Within the institutional management theme, isomorphism was used to examine communication between managers and department members (Alarcón-del-Amo et al., 2016; Frølich et al., 2013); professional autonomy (Bealing et al., 2011); university downsizing and change (Day et al., 2012; Fu, 2017; Wang & Gano-Phillips, 2012); performance based pay (Joo & Halx, 2012); and similar policies across HE (Karataş, 2017; Larsen 2001; Lepori et al., 2014; Persson, 2018; Witte et al., 2008). Legitimacy, as a key perspective of new IT, was also used to explore institutional management (Blau et al., 2000; Huisman & Mampaey, 2018; Janićijević, 2014; Morphey, 2002; Pietilä, 2014; Tomusk, 2003; Wilkins & Huisman, 2012). From the system policy theme, new IT is used to explore legislative changes (Croucher & Woelert, 2016; Harris, 2017; Kirby-Harris, 2003; McQuarrie et al., 2013; Morphey & Huisman, 2002; Ramirez & Christensen, 2013; Stoten, 2014; Zha, 2009b); global reforms (Cai, 2010; Wells & Henkin, 2005); external pressures (Jin & Horta, 2018; Papadimitriou & Westerheijden, 2011; Schofer et al., 2016; Scott & Biag, 2016; Storrs, 2017; Zha, 2009a); and efficiency (Jaquette, 2013; Morphey, 2009). The remaining six themes –

academic work, course design, quality, teaching and learning, student experience, and knowledge and research – are examined from a new institutional perspective in notably less frequency of study but include the influences of quality assurance frameworks (Bell & Taylor, 2005; Csizmadia et al., 2008; Hanken, 2011; Hodson et al., 2008; Papadimitriou, 2011; Rusch & Wilbur, 2007), isomorphism of academic work as well as knowledge and research (Bentley & Kyvik, 2012; Budros, 2001; Cruz, 2014; Finch et al., 2016; Jantz, 2012; Kezar & Sam, 2013; Levin, 2006; Sapir & Oliver, 2017; Teelken, 2012), teaching modalities and course design integrity (Cox, 2005; Farquharson, 2013; Gallant & Drinan, 2008; Gao & Yang, 2015; González et al., 2009; González & Hassall, 2009; Naveh et al., 2012; Sweet et al., 2014; Weber, 2013; Weir, 2009; Wernet & Singleton, 2010; Zimmerman et al., 2017), and student experience (Budd, 2018; Waggoner & Goldman, 2005).

A combination of old and new IT is used in HER according to the themes/issues of system policy, institutional management, and knowledge and research. This combined perspective is also more prevalent in the system policy theme and institutional management theme examining policy changes and management practices within an organization and the external environment (Baldini et al., 2014; De Brennan, 2006; Dobbins, 2015; Levin, 2004; Serrano-Velarde, 2014; Serrano-Velarde & Krücken, 2012; Taylor, 2015; Taylor & Cantwell, 2015; Xiong, 2013). Ramirez and Tiplic (2014) draw on old and new IT to examine the influences of the research discourse on knowledge and research.

An institutional logics perspective was used across four themes in HER: student experience, system policy, institutional management, and academic work. Similarly, to the new IT and the combined perspective of old and new, the institutional logics perspective is more frequent in examining themes associated with institutional management. Institutional logics is

used to examine the structures between HE, governing bodies, accrediting bodies, and professions (Bastedo, 2008; Blaschke et al., 2014; Brown, 2017; Levin et al. 2018; Mampaey & Huisman, 2016; Taylor & Kahlke, 2017). Within the system policy theme, the institutional logics perspective is used to examine various logics deemed to influence HE including complexity, isomorphism, and academic drift (Canhilal et al., 2016; Finch et al., 2016; Holmberg & Hallonsten, 2015; Iarskaia-Smirnova & Rasell, 2014; Jungblut & Vukasovic, 2013). In a similar way, the institutional logics perspective is used to examine student movement (Mars, 2009) and faculty work (O'Connor & O'Hagan, 2016).

Institutional entrepreneurship perspective was utilized to examine course design and institutional management themes within HER. Teehanke (2012) explored faculty role as an institutional entrepreneur in course design. Whereas, Aranguren et al. (2016) as well as Bastedo (2005) held the perspective of the University as the entrepreneur within the institutional field. Turner and Angulo (2018) examined high-risk decision making from an institutional entrepreneur within the regulated environment of HE.

Aspects of IT and Levels of Analysis. New IT was utilized across all eight levels of analysis with the nation (Alarcón-del-Amo et al., 2016; Blau et al., 2000; Croucher & Woelert, 2016; Csizmadia et al., 2008; Farquharson, 2013; Finch et al., 2016; Fu, 2017; González & Hassall, 2009; Huisman & Mampaey, 2018; Karataş, 2017; Larsen, 2001; Morphey, 2002; Morphey & Huisman, 2002; Naveh et al., 2012; Papadimitriou, 2011; Persson, 2018; Pietilä, 2014; Scott & Biag, 2016; Zimmerman et al., 2017), system (Cai, 2010; Frølich et al., 2013; Gallant & Drinan, 2008; Harris, 2017; Janićijević, 2014; Joo & Halx, 2012; Lepori et al., 2014; McQuarrie et al., 2013; Morphey, 2009; Stoten, 2014; Wells & Henkin, 2005; Wernet & Singleton, 2010; Zha, 2009a; Zha, 2009b), and university level (Bealing et al., 2011; Bell &

Taylor, 2005; Day et al., 2012; González et al., 2009; Hodson et al., 2008; Kirby-Harris, 2003; Papadimitriou & Westerheijden, 2011; Ramirez & Christensen, 2013; Rusch & Wilbur, 2007; Sapir & Oliver, 2017; Wang & Gano-Phillips, 2012; Wilkins & Huisman, 2012; Witte et al., 2008) used more frequently, while the course level was the least frequent with only one study (Gao & Yang 2015).

Institutional logics was used at five levels of analysis – university (Blaschke et al., 2014; Gonzales & Ayers, 2018; Levin et al., 2018; Mampaey & Huisman, 2016; O'Connor & O'Hagan, 2016), system (Brown, 2017; Holmberg & Hallonsten, 2015; Jungblut & Vukasovic, 2013; Mars, 2009), region (Bastedo, 2008), nation (Iarskaia-Smirnova & Rasell, 2014; Taylor & Kahlke, 2017), and international (Canhilal et al., 2016).

Old and new IT was used at the system (Baldini et al., 2014; Dobbins, 2015; Levin, 2004; Ramirez & Tiplic, 2014; Serrano-Velarde, 2014; Xiong, 2013), university (De Brennan, 2006; Serrano-Velarde & Krücken, 2012), region (Taylor, 2015), and nation (Taylor & Cantwell, 2015) levels of analysis.

Institutional entrepreneurship was use at three different levels – university (Teehankee, 2012; Turner & Angulo, 2018), region (Bastedo, 2005), and individual (Aranguren et al., 2016). Table 4 illustrates the data matrix for aspect of IT and level of analysis.

Themes in HER and Levels of Analysis. Table B2 (Appendix B) displays the themes in HE studied with IT and the level of analysis of the phenomena under investigation. The theme of system policy and course design were each explored at six different levels: department (Jin & Horta, 2018), university (Kirby-Harris, 2003; Papadimitriou & Westerheijden, 2011; Ramirez & Christensen, 2013), region (Storrs, 2017), nation (Croucher & Woelert, 2016; Iarskaia-Smirnova & Rasell, 2014; Mophew & Huisman, 2002; Persson, 2018; Scott & Biag, 2016), system

(Baldini et al., 2014; Cai ,2010; Dobbins, 2015; Harris, 2017; Holmberg & Hallonsten, 2015; Jaquette, 2013; Jungblut & Vukasovic, 2013; McQuarrie et al., 2013; Morphey, 2009; Serrano-Velarde, 2014; Stoten, 2014; Wells & Henkin, 2005; Xiong, 2013; Zha, 2009a, 2009b), and international (Schofer et al., 2016); and course (Gao & Yang, 2015), university (González et al., 2009; Teehanke, 2012), region (Sweet et al., 2014), nation (González & Hassall, 2009; Naveh et al., 2012; Zimmerman at al., 2017), system (Wernet & Singleton, 2010), and international (Weber, 2013) respectively.

Institutional management and academic work were explored at five levels of analysis each: individual (Aranguren et al., 2016), university (Bealing et al., 2011; Blaschke et al., 2014; Day et al., 2012; De Brennan, 2006; Levin et al., 2018; Mampaey & Huisman, 2016; Serrano-Velarde & Krucken, 2012; Turner & Angulo, 2018; Wang & Gano-Phillips, 2012; Wilkins & Huisman, 2012; Witte et al., 2008), region (Bastedo, 2005; Bastedo, 2008; Taylor, 2015; Tomusk, 2003), nation (Alarcón-del-Amo et al., 2016; Blau et al., 2000; Fu, 2017; Huisman & Mampaey, 2018; Karataş, 2017; Larsen, 2001; Morphey, 2002; Pietilä, 2014; Taylor & Cantwell, 2015; Taylor & Kahlke, 2017), and system (Brown, 2017; Frølich et al., 2013; Janićijević, 2014; Joo & Halx, 2012; Lepori et al., 2014; Levin, 2004); and department (Jantz, 2012), university (O'Connor & O'Hagan, 2016), region (Budros, 2001; Gonzales & Ayers, 2018), nation (Finch et al., 2016), and international (Bentley & Kyvik, 2012; Kezar & Sam, 2013; Levin, 2006; Teelken, 2012) respectively.

Teaching and learning was explored at four levels of analysis – individual (Weir, 2009), region (Cox, 2005), nation (Farquharson, 2013), and system (Gallant & Drinan, 2008). Student experience was explored at the individual (Budd, 2018), region (Waggoner & Goldman, 2005), and system (Mars, 2009) levels. Quality was explored at the department (Hanken, 2011),

university (Bell & Taylor, 2005; Hodson et al., 2008; Rusch & Wilbur, 2007), and nation levels (Csizmadia et al., 2008; Papadimitriou, 2011). Knowledge and research themes were explored at three levels – university (Sapir & Oliver, 2017), system (Ramirez & Tiplic, 2014), and international (Cruz, 2014). No theme was explored across all eight levels of analysis.

Discussion

In this scoping review, we mapped the literatures on IT use in HER (i.e., when, how, what aspects, and what has been learned about HE from the use of IT). The key learnings from this review are twofold: (a) social rules or values influence HE; and, (b) understanding the social influences can lead to policy, education, and research improvements (Cai & Mehari, 2015; Meyer et al., 2008). The use of IT in HER has demonstrated that societal values, expectations, and rules have influenced HE. Also, various components within HE such as the student, professor, university, and academic disciplines that have broad and often global accepted meanings within society influence HE operations and structures (Meyer et al., 2008). For example, societal views of a HE student (a young adult) likely impacts how a HE institution recruits perspective students. In the same way, societal expectations of what should be included in a business education program have influenced business curricula internationally (Weber, 2013). The use of IT in HER has led to an increased understanding of the social influences that impact HE from the individual student to the international system of HE.

Our findings not only highlighted the social values and rules that have influenced the levels within HE, but also the themes/issues within it. An IT perspective in HER has led to greater understanding of student learning in clinical training for marriage and family therapy (Weir, 2009). Another example of themes/issues in HE influenced by social values explored with IT is the relationship between education and practice and the impacts on the curriculum from this

relationship. In this review, we also found that IT in HER has led to greater understanding of HE management, HE leadership and governance, and structure of HE. For example, HE governance and leadership from an IT perspective has shown not only how community stakeholders can influence HE, but how HE can influence the community where it is located (Aranguren et al., 2016). The use of IT in HER has led to an increased understanding that social influences within HE are prominent and a non-IT perspective looking at business efficiency likely would not have led to the same learning.

Cai and Mehari (2015) report an overemphasis within HER on the relationship between the organization and the environment based on the prominence new IT within this body of literature. The other aspects of IT are lagging behind. Cai and Mehari (2015) call for an uptake of institutional logics, old and new IT, and institutional entrepreneurship to focus HER on organizational issues at the course and program level.

Implications for Policy, Education, and Research

The use of IT in HER has implications for policy, education, and future research in HE. For policy, and from the institutional logics perspective, a strong notion exists that a managerial logic and an academic logic are incompatible and lead to conflict (Blaschke et al., 2014). Therefore, drawing from IT and using policy may limit the conflicting rules and satisfy both logics. Also, using IT in HER university-level policy changes due to system-level transformation can be reconsidered (Canhilal et al., 2016). Specifically, in health care settings, collaborative actions inclusive of all actors within the institution may mitigate conflicts and prevent conflicting logics (Reay & Hinings, 2009). An IT perspective in HER can explore the unintended practice changes due to system transformation and policy changes.

For education, IT perspective can lead to improvements. For example, societal pressures may lead to online programs development that increase accessibility of education (Cox, 2005). Similarly, social influences can lead to sociology education harmonization that strengthens the learning outcomes and improves the sociology education across a country (Farquharson, 2013). Another example of how IT in HER can lead to educational improvements comes from a proposed model to examine organizational influences when examining academic integrity (Gallant & Drinan, 2008). IT could be used to investigate student actions from social influences and uncover potential teaching strategies to work with or counteract the social influences. Having said that, several questions are raised. For example, why did student academic misconduct rise (Rossiter, 2020) when courses were suddenly shifted to be online or delivered remotely due to the COVID-19 pandemic? How can instructors counteract the influences supporting, or making easier, academic misconduct? An IT exploration of what pressures students face (both organizational and societal) in this situation could lead to education improvements through greater understanding of the pressures and strategies for individual instructors and HE organizations to counteract the pressures.

For HER, IT is a valuable perspective to explore HE to expand our understanding. Although, the aspects of old and new IT, institutional logics, and institutional entrepreneurship are not used near the frequency of new IT, it is important to point out the studies that used these three aspects were published in 2004 or later. The uptake of these new directions in IT may be in its infancy in HER and a review on the use of an old and new IT, institutional logics, or institutional entrepreneurship perspective within a few years may look drastically different. Researchers wanting to apply an institutional perspective should be familiar with the theoretical developments of IT prior to reading HER using IT in order to learn the new developments in IT

as opposed to repeating the use of new IT due to lack of awareness of the other perspectives and differences among them. We are not suggesting that the use of new IT in HER cease. It is the opposite – all aspects of IT, including new IT, need to continue to be used to help us better understand the social influences facing HE and the practices in place because of the social influences.

Strengths and Limitations

The strengths of this scoping review are the use of the systematic Arksey and O'Malley (2005) method and the inclusion of all IT aspects. A limitation of this scoping review is publication bias excluding studies that have used IT due to the publications dates of 2000-2018 and the published studies may only include those with statistically significant results.

Conclusion

In HER, IT has been used to explore a variety of phenomena in HE, across all levels of analysis, and various research designs. Despite the successful use of IT thus far, which has led to greater understanding of the nature of HE, there remains unknown the application of IT to HER to further improve understanding and practices in HE policy, education, and research. This can be accomplished by exploring current issues in HE from the aspects of institutional logics, old and new IT, and institutional entrepreneurship. Incorporating these aspects of IT into HER will lead to greater understanding of the social rules and values that influence individual entities. Similarly, these aspects of IT can be used to explore the themes of teaching and learning, course designs, student experiences, quality of academic work, and knowledge and research that have not been fully explored yet. This is not to dismiss the contributions and usefulness of new IT in HER but to support a comprehensive institutional perspective on the nature of HE.

Appendix B

Supplementary Information from Scoping Review

Table B1

Supplementary Information from Scoping Review

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Alarcón-del-Amo et al. (2016)	quantitative	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Copying successful universities has a positive effect on communication and relationship between university managers. • Mimetic isomorphism of successful universities improves institutional management.
Aranguren et al. (2016)	mixed methods	institutional management	individual	institutional entrepreneurship	<ul style="list-style-type: none"> • The University as a player in the field is in a relationship between industry, community, and government within a region. • Universities can help the regional field.
Baldini et al. (2014)	quantitative	system policy	system	Old and new institutional theory	<ul style="list-style-type: none"> • Universities deal with legislative changes through isomorphism.
Bastedo (2005)	qualitative	institutional management	region	institutional entrepreneurship	<ul style="list-style-type: none"> • Universities are actors within an institutional field. • Universities are actors within the political spectrum.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Bastedo (2008)	qualitative case study	institutional management	region	institutional logics	<ul style="list-style-type: none"> • Institutional logics are mechanisms that can explain political outcomes from a shift in higher education governance.
Bealing et al. (2011)	qualitative	institutional management	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Leaders can expect with normative isomorphism, faculty will protect their professional autonomy.
Bell & Taylor (2005)	qualitative	quality	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Quality frameworks in business schools are institutionalized to influence academic and administrative identities.
Bentley & Kyvik (2012)	quantitative	academic work	international	new institutional theory	<ul style="list-style-type: none"> • Higher education traditions influence academic work through isomorphism.
Blaschke et al. (2014)	mixed methods	institutional management	institution, university or college	institutional logics	<ul style="list-style-type: none"> • Leadership, governance, and management are institutional logics. • The logics may not be conflicting but complementary.
Blau et al. (2000)	quantitative	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Institutional processes include elements of institutional theory, governance, and political influence • Legitimation accounts for increase in College growth

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Brown (2017)	Theoretical	institutional management	system	institutional logic	<ul style="list-style-type: none"> Accreditation must consider the institutional logics of market, state, and profession to maintain legitimacy.
Budd (2018)	Qualitative	Student experience	Individual	New institutional theory	<ul style="list-style-type: none"> Similar views of higher education exist across countries.
Budros (2001)	quantitative	academic work	region	new institutional theory	<ul style="list-style-type: none"> Faculty retirement programs are promoted by coercive forces, spurred by mimic forces, and precipitated by social efficiency and social status.
Cai (2010)	qualitative	system policy	system	new institutional theory	<ul style="list-style-type: none"> Global reforms have been legitimized through organizations' rhetoric and successful experiences of other countries.
Canhilal et al. (2016)	quantitative	system policy	international	institutional logic	<ul style="list-style-type: none"> Organizations are more likely to seek compatibility with conflicting logics rather than opposition.
Cox (2005)	qualitative	teaching and learning	region	new institutional theory	<ul style="list-style-type: none"> Online education has been adopted by community colleges in response to external pressures.
Croucher & Woelert (2016)	quantitative	system policy	nation	new institutional theory	<ul style="list-style-type: none"> Isomorphic forces emerged and were strong influences in the unified national system of higher education in Australia.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Cruz (2014)	Theoretical	knowledge & research	international	new institutional theory	<ul style="list-style-type: none"> • Institutional theory can be useful in understanding influencing factors in higher education research. • Institutional theory can be criticized for bringing business mentalities into higher education.
Csizmadia et al. (2008)	mixed methods	quality	nation	new institutional theory	<ul style="list-style-type: none"> • Organizational elements influence quality in higher education more so than characteristics specific to higher education.
Day et al. (2012)	qualitative	institutional management	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Mimetic isomorphism provides the rationale for University downsizing.
De Brennan (2006)	Qualitative	Institutional management	Institution, university of college	Old and new institutional theory	<ul style="list-style-type: none"> • Strategic change faces constraints from both endogenous and exogenous factors.
Dobbins (2015)	Theoretical	system policy	system	old and new institutional theory	<ul style="list-style-type: none"> • Changes to public higher education in Poland appears to be a case in which isomorphism has driven policy change.
Farquharson (2013)	theoretical	teaching and learning	nation	new institutional theory	<ul style="list-style-type: none"> • All three types of isomorphic forces were involved in the development of the sociology learning outcomes in Australia. • Isomorphism contributes to a broader homogenization of higher education in Australia.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Finch et al. (2016)	quantitative	academic work	nation	new institutional theory; institutional logics	<ul style="list-style-type: none"> • Business schools are embedded in different institutional contexts. • Faculty job postings differ based on specific institutional context, institutional complexity, and conflicting logics.
Frølich et al., (2013)	theoretical	institutional management	system	new institutional theory	<ul style="list-style-type: none"> • Institutional theory addresses the relationship between the departments and the environment. • Institutional theory can be used to analyze the relationship between the department and the environments.
Fu (2017)	qualitative	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Taiwanese universities changed over time due to the changing external environment.
Gallant & Drinan (2008)	theoretical	teaching and learning	system	new institutional theory	<ul style="list-style-type: none"> • A model is proposed to consider organizational forces when examining academic integrity.
Gao & Yang (2015)	quantitative	Course design	Course, or group of students	new institutional theory	<ul style="list-style-type: none"> • Mimetic isomorphism influenced users' intention to use MOOCs.
González et al., (2009)	qualitative	course design	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Pressures on accounting education include institution specific, political, and international influences.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Gonzales & Ayers (2018)	Theoretical	Academic work	Region	Institutional logics	<ul style="list-style-type: none"> Multiple logics exist within community colleges and normalize the work from faculty.
González & Hassall (2009)	mixed methods	course design	nation	new institutional theory	<ul style="list-style-type: none"> The Spanish university system faces institutional pressures for the introduction of skills into business administration and accounting curriculum.
Hanken (2011)	qualitative case study	quality	department, or centre, or group of academics and students	new institutional theory	<ul style="list-style-type: none"> Higher education may need to surmount anchored values, norms, and ways of thinking when introducing quality assurance measures.
Harris (2017)	grey literature	system policy	system	New institutional theory	<ul style="list-style-type: none"> Universities exist within an institutional field with a variety of external organizations. The environment rewards legitimacy.
Hodson et al. (2008)	qualitative	quality	institution, university or college	new institutional theory	<ul style="list-style-type: none"> There will be legitimacy and economic challenges for an institution introducing a quality assurance system.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Holmberg & Hallonsten (2015)	qualitative	system policy	system	new institutional theory; institutional logics	<ul style="list-style-type: none"> • Academic drift is a form of institutional isomorphism. • Isomorphism explains the tendency of universities and colleges within the same system to become similar.
Huisman & Mampaey (2018)	Mixed methods	Institutional management	Nation	New institutional theory	<ul style="list-style-type: none"> • The images of universities display homogeneity. • Distinctiveness evident in younger and less prestigious universities.
Iarskaia-Smirnova & Rasell (2014)	Theoretical	system policy	nation	new institutional theory; institutional logics	<ul style="list-style-type: none"> • Institutional logics greatly shape Social Work education
Janićijević (2014)	Theoretical	institutional management	system	new institutional theory	<ul style="list-style-type: none"> • Higher education is a highly institutionalized sector.
Jantz (2012)	theoretical	academic work	department, or centre, or group of academics and students	new institutional theory	<ul style="list-style-type: none"> • Isomorphic forces can be used to study organization innovation in research libraries.
Jaquette (2013)	quantitative	system policy	system	new institutional theory	<ul style="list-style-type: none"> • Legitimacy rules often contradict efficiency in higher education. • Mission drift of higher education institutions displays mimetic isomorphism.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Jin & Horta (2018)	qualitative	System policy	Department, or centre, or group of academics and students	New institutional theory	<ul style="list-style-type: none"> • Organizations conform to survive • Environmental pressures influence organizational choices
Joo & Halx (2012)	theoretical	institutional management	system	new institutional theory	<ul style="list-style-type: none"> • Performance-based pay in Korean universities is an exemplar of isomorphism from the US model of public and private higher education.
Jungblut & Vukasovic (2013)	theoretical	system policy	system	institutional logics	<ul style="list-style-type: none"> • Hybrid steering approaches in higher education emerged due to a new logic that challenged the existing way.
Karataş (2017)	mixed methods	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Turkey's higher education system is isomorphic as seen in the highly bureaucratic university model.
Kezar & Sam (2013)	qualitative	academic work	international	new institutional theory	<ul style="list-style-type: none"> • Isomorphic factors influenced changes in policy and practice for contingent faculty.
Kirby-Harris (2003)	qualitative	system policy	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Namibian government ideologies influenced the university culture and values.
Larsen (2001)	mixed methods	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • College Board governance follows the decoupling of formal structure and actual organizational behaviour of institutional theory.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Lepori et al. (2014)	quantitative	institutional management	system	new institutional theory	<ul style="list-style-type: none"> • Isomorphism takes place in the Swiss higher education system leading to similarities between universities and applied science universities.
Levin (2004)	qualitative	institutional management	system	Old and new institutional theory	<ul style="list-style-type: none"> • The institutionalizing of baccalaureate-degree programs at community colleges reflects not only the expanding mission of the community college but also the altering identity of the institution.
Levin (2006)	qualitative	academic work	international	new institutional theory	<ul style="list-style-type: none"> • The new context for community colleges is the global economy. • The new environment of high productivity, dynamic change, and competition has become the norm.
Levin et al. (2018)	Qualitative	Institutional management	Institution, university of college	Institutional logic	<ul style="list-style-type: none"> • Economic, political, and social logics influence policy development of community colleges.
Mampaey & Huisman (2016)	qualitative	institutional management	institution, university or college	institutional logics	<ul style="list-style-type: none"> • The university operates from a core logic that directs attention to critical stakeholders who challenge logic consistent organizational values.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Mars (2009)	Literature review	student experience	system	institutional logics	<ul style="list-style-type: none"> • Social and political conditions of the late 1960s and early 1970s pushed the resistant logic as the influence on college student movements and activism.
McQuarrie et al. (2013)	qualitative	system policy	system	new institutional theory	<ul style="list-style-type: none"> • Government's coercive power over postsecondary institutions can be conceptualized as either regulatory coercion or social coercion.
Morphew (2002)	quantitative	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Colleges become universities to seem more legitimate.
Morphew (2009)	quantitative	system policy	system	new institutional theory	<ul style="list-style-type: none"> • Higher education is susceptible to isomorphic forces because goals are hard to measure, technology is unclear, and actors are professionalized.
Morphew & Huisman (2002)	quantitative	system policy	nation	new institutional theory	<ul style="list-style-type: none"> • Isomorphism is seen from the bottom up in the higher education system. • All institutions illustrate mimetic behaviour
Naveh et al. (2012)	mixed methods	Course design	nation	new institutional theory	<ul style="list-style-type: none"> • Learning management systems promote the image of the academic institution within its environment.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
O'Connor & O'Hagan (2016)	qualitative	academic work	institution, university or college	institutional logics	<ul style="list-style-type: none"> • Excellence as a logic constitutes legitimate behaviour. • Variations in the definition of excellence contribute to complexities.
Papadimitriou (2011)	mixed methods	quality	nation	new institutional theory	<ul style="list-style-type: none"> • Normative and mimetic pressures were perceived as high in explaining why Greek higher education institutions adopt quality management.
Papadimitriou & Westerheijden (2011)	qualitative	system policy	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Normative and mimetic pressures were identified in Greek universities who invited external evaluations.
Persson (2018)	Qualitative	System policy	Nation	New institutional theory	<ul style="list-style-type: none"> • Historical and political policy influence organizational policy change.
Pietilä (2014)	qualitative	institutional management	nation	new institutional theory	<ul style="list-style-type: none"> • Research profiling is used as strategic management and symbolic management to maintain institution legitimacy.
Ramirez & Christensen (2013)	qualitative	system policy	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Universities relate to society through institutional governance change in role specialization and social embeddedness.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Ramirez & Tiplic (2014)	literature review	knowledge & research	system	Old and new institutional theory	<ul style="list-style-type: none"> The research discourse in European higher education identifies patterns of actors who are socially embedded and deeply influenced by their environments.
Rusch & Wilbur (2007)	qualitative	quality	institution, university or college	new institutional theory	<ul style="list-style-type: none"> Accreditation processes are dictated procedures for attaining legitimacy.
Sapir & Oliver (2017)	qualitative	knowledge & research	institution, university or college	new institutional theory	<ul style="list-style-type: none"> Processes of coupling both to instigate conflict and contain it within the university.
Schofer et al. (2016)	quantitative	system policy	international	new institutional theory	<ul style="list-style-type: none"> Higher education expands faster in countries with expanded secondary education systems, as predicted by isomorphism.
Scott & Biag (2016)	theoretical	system policy	nation	new institutional theory	<ul style="list-style-type: none"> Higher education as an organizational field encompasses diverse types of organization connected to other organizations and associations that together constitute a complex ecological system.
Serrano-Velarde (2014)	qualitative	system policy	system	Old and new institutional theory	<ul style="list-style-type: none"> German accreditation agencies achieve autonomy and political leverage in Europe through institutional strategy.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Serrano-Velarde & Krücken (2012)	qualitative	institutional management	institution, university or college	Old and new institutional theory	<ul style="list-style-type: none"> Universities are embedded in society and are deemed legitimate by adhering to societal norms.
Storrs (2017)	qualitative	system policy	region	new institutional theory	<ul style="list-style-type: none"> Legitimacy can be obtained outside of isomorphism.
Stoten (2014)	mixed methods	system policy	system	new institutional theory	<ul style="list-style-type: none"> State intervention and institutional bureaucracy drive higher education institutions to homogeneity.
Sweet et al. (2014)	qualitative	course design	region	new institutional theory	<ul style="list-style-type: none"> Mimetic forces lead to an expectation of standardized sociology programs.
Taylor (2015)	qualitative	institutional management	region	Old and new institutional theory	<ul style="list-style-type: none"> Colleges that intersect religion and higher education navigate the tension through creative individuals and reimagining resources.
Taylor & Cantwell (2015)	quantitative	institutional management	nation	Old and new institutional theory	<ul style="list-style-type: none"> Private universities typically respond more quickly to market-like pressures that do their public counterparts.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Taylor & Kahlke (2017)	qualitative	institutional management	nation	institutional logic	<ul style="list-style-type: none"> • Societal pressures on university lead to community engagement. • Economic pressures privilege corporate partnerships with greater returns and devalue university initiatives that are not self-sustaining or revenue generating.
Teehankee (2012)	qualitative	Course design	institution, university or college	institutional entrepreneurship	<ul style="list-style-type: none"> • Department faculty have embraced the role of institutional entrepreneur.
Teelken (2012)	qualitative	academic work	international	new institutional theory	<ul style="list-style-type: none"> • Institutional theory explains the unwillingness by faculty against the managerial measures imposed upon them.
Tomusk (2003)	Theoretical	institutional management	region	new institutional theory	<ul style="list-style-type: none"> • Higher education maintains society's institutions as universities legitimate individuals' entry into particular professional groups.
Turner & Angulo (2018)	Theoretical	Institutional management	Institution, university or college	New institutional theory and institutional entrepreneurship	<ul style="list-style-type: none"> • Universities and colleges exist within a common regulatory environment • High-risk decision making demonstrate entrepreneurship.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Waggoner & Goldman (2005)	qualitative	student experience	region	new institutional theory	<ul style="list-style-type: none"> • Institutional isomorphism contributed to the development of student-retention policies.
Wang & Gano-Phillips (2012)	qualitative	institutional management	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • New institutional theory provides a framework for the change.
Weber (2013)	quantitative	course design	international	new institutional theory	<ul style="list-style-type: none"> • Business schools face coercive, mimetic, and normative pressures to update curricula.
Weir (2009)	Theoretical	teaching and learning	Individual	new institutional theory	<ul style="list-style-type: none"> • Isomorphism occurs in clinical training and supervision of students.
Wells & Henkin (2005)	qualitative	system policy	system	new institutional theory	<ul style="list-style-type: none"> • Isomorphic forces in international education influence the level of similarity among entities in the field.
Wernet & Singleton (2010)	qualitative	Course design	System	New institutional theory	<ul style="list-style-type: none"> • Isomorphic forces identify the mechanisms for social work curriculum change.
Wilkins & Huisman (2012)	literature review	institutional management	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • Legitimacy explains motivations for universities to establish international branch campuses.
Witte et al. (2008)	qualitative	institutional management	institution, university or college	new institutional theory	<ul style="list-style-type: none"> • University and non-university education institutions have similar policies, status, and roles.

Author(s)	Methodology	Themes/Issues in HE	Level of analysis	Institutional theory	Findings
Xiong (2013)	theoretical	system policy	system	Old and new institutional theory	<ul style="list-style-type: none"> Higher vocational education has become an emergent institution in Chinese society.
Zha (2009a)	theoretical	system policy	system	new institutional theory	<ul style="list-style-type: none"> Higher education institutions are neither homogenous and isomorphic at a national or global level, nor highly differentiated and polymorphic at the local-organizational level. Higher education institutions could be conceived as variants of classic institutions at global level.
Zha (2009b)	mixed methods	system policy	system	new institutional theory	<ul style="list-style-type: none"> Enrolment expansion in Chinese Universities is influenced by isomorphic forces.
Zimmerman et al. (2017)	quantitative	course design	nation	new institutional theory	<ul style="list-style-type: none"> Accounting education operates within the tension of the profession and higher education. Institutional theory is used to evaluate the relationship between practice and education.

Table B2

Matrix for Aspects of Institutional theory, Themes in Higher Education Research, and Level of Analysis

#	Aspects of institutional theory	Themes in higher education research								Level of analysis							
		Th1*	Th2	Th3	Th4	Th5	Th6	Th7	Th8	LA1§	LA2	LA3	LA4	LA5	LA6	LA7	LA8
1	Old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	New	4	8	2	6	20	18	6	2	2	1	3	13	6	19	15	7
3	Old and new	0	0	0	0	4	5	0	1	0	0	0	2	1	1	6	0
4	Institutional Logics	0	0	1	0	3	6	3	0	0	0	0	4	2	2	4	1
5	Institutional Entrepreneurship	0	1	0	0	0	3	0	0	1	0	0	2	1	0	0	0
	Total:	4	9	3	6	27	32	9	3	3	1	3	21	10	22	25	8
#	Level of analysis																
1	LA1	1	0	1	0	0	1	0	0	*Th= Theme – Th1: Teaching and learning; Th2: Course design; Th3: Student experience; Th4: Quality; Th5: System policy; Th6: Institutional management; Th7: Academic work; Th8: Knowledge and research. §LA=Level of Analysis – LA1: Individual; LA2: Course; LA3: Department; LA4: University; LA5: Region; LA6: Nation; LA7: System; LA8: International.							
2	LA2	0	1	0	0	0	0	0	0								
3	LA3	0	0	0	1	1	0	1	0								
4	LA4	0	2	0	3	3	11	1	1								
5	LA5	1	1	1	0	1	4	2	0								
6	LA6	1	3	0	2	5	10	1	0								
7	LA7	1	1	1	0	15	6	0	1								
8	LA8	0	1	0	0	2	0	4	1								
	Total:	4	9	3	6	27	32	9	3								

Appendix C

Supplemental Tables

Table C1

Concepts as A Priori Codes and Definitions

Concept/Code	Definition
Institutional Field	An aggregate of organizations (DiMaggio & Powell, 1983) that define nursing education. The field includes interaction among organizations, interorganizational structures, an increase in the information load for the organizations, and a mutual awareness between organizations (DiMaggio & Powell, 1983).
Interaction among organizations	Two or more organizations working together.
Interorganizational structures	Formation and presence of arrangements made up of multiple organizations.
Increase in the information load	Cross-referencing of information from other organizations.
Mutual awareness	Common understanding of the various organizations involved.
Organization	A group of individuals bound by a common purpose (Hodgson, 2006; North, 1991). Excludes interorganizational structures.
Dominant organization	An organization that exerts formal and informal pressures on other organizations, i.e., mandates, rules, authority, managerial (DiMaggio & Powell, 1983; Meyer & Rowan, 1977).
Pressure	Constraints or imposition.
Non-dominant organization	An organization that does not exert pressures on other organizations.
Postsecondary institution	A University that offers nursing education programs.
Regulatory body	The agency that regulates nursing education programs, RN practice, and ensures public safety.

Accrediting body	The agency that evaluates nursing education programs to accreditation standards and promotes best practice within nursing education.
Government ministries	Branches of the Provincial Government that are responsible for legislation that impacts nursing education.
Health service organizations	Agencies that deliver health care services. They are also employers of nursing education graduates and students. They also are the providers for the clinical placements used throughout the nursing education programs.
Structuralized Social network	Connectedness and structural equivalence (DiMaggio & Powell, 1983).
Connectedness	The existence of transactions tying organizations to one another.
Formal contractual relationships	Formal contracts between two or more organizations.
Participation of personnel in common enterprises	Examples include professional associations, labour unions, or board of directors.
Informal organizational-level ties	Personnel relationships between members of different organizations.
Structural equivalence	Two organizations that have a similar position in a network structure even if they are not connected (DiMaggio & Powell, 1983).
Organization ties	Connections to other organizations.
Issue/Challenge	An important or unsettled matter, a concern or problem, a dispute between parties, or a difficult task or problem (Merriam-Webster, n.d.-a; n.d.-b).
Exaggeration of issue/challenge	An overemphasis of an issue/challenge.
Contradiction of issue/challenge	Inconsistency of an issue/challenge.
Suppression of issue/challenge	Minimizing or censorship of an issue/challenge.
Institutional Complexity	Multiple conflicting rules, frameworks, influences (Greenwood et al., 2011), or issues and challenges.
Conflict	In opposition.
Tension	The state of opposition within the institutional field.

Table C2*Document Identification*

Unique document ID	Name of document	Authoring organization
RBDoc1	Entry level competencies for the registered nurse	Regulatory Body
RBDoc2	Provincial council governance policy	Regulatory Body
RBDoc3	College and Association of Registered Nurses of Alberta (CARNA) Bylaws	Regulatory Body
RBDoc4	Standards and criteria for nursing education program approval	Regulatory Body
RBDoc5	Minimum required evidence for Nursing Education Program Approval Board (NEPAB)	Regulatory Body
HSODoc1	HSPnet policies	Health service organization
HSODoc2	Alberta Health Services (AHS) mandate and roles	Health service organizations
MoHDoc1	Nursing professions act replaced by registered nurses profession regulation, health professions act	Government Ministry - health
MoHDoc2	Health professions act	Government Ministry - health
MoPSEDoc1	Alberta credentials framework	Government Ministry – PSE
MoPSEDoc2	Postsecondary learning act	Government Ministry – PSE
MoPSEDoc3	Canadian degree qualifications framework	Government Ministry – PSE
PSIDoc1	Faculty of health sciences strategic plan	PSI
PSIDoc2	University of Lethbridge (UofL) strategic plan	PSI
PSIDoc3	University of Lethbridge Faculty Association (ULFA) faculty handbook	PSI
PSIDoc4	Attendance policy	PSI
PSIDoc5	Audio and visual recording policy	PSI

PSIDoc6	Policy Canadian Nursing Student Association (CNSA) conference delegate attendee application form	PSI
PSIDoc7	Fitness to practice policy	PSI
PSIDoc8	Gifting policy	PSI
PSIDoc9	Joint faculty agenda and minutes policy	PSI
PSIDoc10	Late student submissions for evaluation policy	PSI
PSIDoc11	Media policy	PSI
PSIDoc12	NURS4750 practice learning placements and employment policy	PSI
PSIDoc13	Pre-placement requirements policy	PSI
PSIDoc14	Professional conduct policy	PSI
PSIDoc15	Nursing Education Southern Alberta (NESA) Bachelor of Nursing (BN) Programs Handbooks revisions policy	PSI
PSIDoc16	Student participation in Nursing Education Southern Alberta (NESA) Bachelor of Nursing (BN) programs governance policy	PSI
PSIDoc17	Student uniform/dress policy	PSI
PSIDoc18	Supplemental practice-based experiences policy	PSI
PSIDoc19	Alberta Health Services (AHS) code orange response guidelines	PSI
PSIDoc20	Annual course report guidelines	PSI
PSIDoc21	Communication among instructors guidelines	PSI
PSIDoc22	Critical incident communication and reporting guidelines	PSI
PSIDoc23	Cross teaching for the Nursing Education Southern Alberta (NESA) Bachelor of Nursing (BN) programs guidelines	PSI
PSIDoc24	Enhancement plan guidelines	PSI
PSIDoc25	Nursing Education Southern Alberta (NESA) Bachelor of Nursing (BN) program fast track option application	PSI
PSIDoc26	Orientation of practice instructors	PSI

PSIDoc27	Out of region practice and specialty preceptorship placement preference application	PSI
PSIDoc28	Participation in social media guidelines	PSI
PSIDoc29	Practice instructor uniform dress guidelines	PSI
PSIDoc30	Practice instructor role guidelines	PSI
PSIDoc31	Student reference request guidelines	PSI
PSIDoc32	Supporting competence in medication administration guidelines	PSI
PSIDoc33	Theory instructor role guidelines	PSI
PSIDoc34	University of Calgary (UofC) Nursing Strategic Plan	PSI
NEABDoc1	Canadian Association of Schools of Nursing (CASN) accreditation program standards	Nursing education accreditation body
NEABDoc2	Canadian Association of Schools of Nursing (CASN) accreditation program application form	Nursing education accreditation body
NEABDoc3	National nursing education framework	Nursing education accreditation body
NEABDoc4	Baccalaureate education position statement	Nursing education accreditation body
NEABDoc5	Western and Northern Region Canadian Association of Schools of Nursing (WNRCSN) constitution	Nursing education accreditation body
LEBDoc	NCLEX-RN Examination test plan	Licensure exam body
NPIGDoc	Truth and Reconciliation Commission (TRC) calls to action	National public interest group
PNEIGDoc	Registered nurse education leaders and stakeholder (RELS) terms of reference	Provincial nursing education interorganizational group
PNAADoc	Alberta nursing education administrators' (ANEA) terms of reference	Provincial nursing academic administrators
SINGDoc	Canadian Indigenous Nursing Association (CINA) Bylaws	Special interest nursing group

NNRBDoc1	Canadian Council of Registered Nurse Regulators (CCRNr) Bylaws	National nursing regulatory body
NNRBDoc2	Canadian Council of Registered Nurse Regulators (CCRNr) organizational chart	National nursing regulatory body
PEQBDoc	Campus Alberta Quality Council (CAQC) handbook	Provincial education quality body
NADoc	Canadian Nurses Association (CNA) bylaws	National association

Table C3

Document Questions Aligned with the Interview Questions

Document questions (DQ)	Interview questions (IQ)
1 What organizations are referred to in the document?	1 What organizations comprise the nursing education system in this province?
2 How often do the organizations referred to in the document interact?	2 How often, if at all, do you interact with [insert each organization from previous question]?
3 What issues/challenges identified by the participants are referred to in the document?	3 What are the issues or challenges facing nursing education in this province?
4 How are the issues and challenges identified by the participants referred to in the document?	4 Of the issues and challenges you identified, are their certain issues and challenges that are more complex? Which ones? What makes them more complex?
5 Not applicable for document data extraction.	5 Do you think that the other organizations within nursing education would identify the same issues or challenges? Why or why not?
6 What is the mode of interaction between the organizations referred to in the document?	6 What is the mode of interaction with the other organizations?
7 Are there any documents that guide this document, i.e., cross-references within the document?	7 In your role as [insert professional title here], what are the key documents, if any, that guide your actions for nursing education?

Table C4

NVIVO Tracking for Organizations Comprising the Nursing Education Institutional Field

Organization identified	Meets definition of organization in my case	Involved in organizational aggregate(s)?					Other organizations in aggregate	Mutual awareness	Institutional field member
		Connected-ness	Structural equivalence	Interaction among organizations	Increase in the information load	Inter-organizational structure			
Org 1	Yes	No	No	No	No	No	n/a	n/a	n/a
Org 2	Yes	Yes	Yes	Yes	Yes	Yes	Org 3 Org 7 Org 12 Org 17	Yes	Yes
Org 3	Yes	Yes	Yes	Yes	Yes	Yes	Org 2 Org 7 Org 12 Org 17	Yes	Yes
Org 4	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Org 5	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Org 6	Yes	No	No	No	No	No	n/a	n/a	n/a
Org 7	Yes	Yes	Yes	Yes	Yes	Yes	Org 2 Org 3 Org 12 Org 17	Yes	Yes
Org 8	Yes	Yes	Yes	Yes	Yes	No	n/a	n/a	n/a
Org 9	Yes	Yes	Yes	Yes	Yes	No	n/a	n/a	
Org 10	Yes	No	No	No	No	No	n/a	n/a	n/a
Org 11	Yes	No	No	Yes	No	No	n/a	n/a	n/a
Org 12	Yes	Yes	Yes	Yes	Yes	Yes	Org 2 Org 3 Org 7 Org 17	Yes	Yes
Org 13	Yes	No	No	Yes	No	No	n/a	n/a	n/a

Org 14	Yes	No	No	No	No	No	n/a	n/a	n/a
Org 15	Yes	No	No	No	No	No	n/a	n/a	n/a
Org 16	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Org 17	Yes	Yes	Yes	Yes	Yes	Yes	Org 2 Org 3 Org 7 Org 12	Yes	Yes
Org 18	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Org 19	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Org 20	Yes	No	No	No	Yes	No	n/a	n/a	n/a

Note: Org 1 = National accreditation; Org 2 = Government Ministry – PSE; Org 3 = Health service organizations; Org 4 = Provincial health regulators; Org 5 = Provincial nursing academic administrators; Org 6 = Provincial education quality body; Org 7 = Regulatory body; Org 8 = Nursing education accreditation body; Org 9 = National nursing regulatory body; Org 10 = Special interest nursing group; Org 11 = National association; Org 12 = Government Ministry – health; Org 13 = Licensure exam body; Org 14 = Other health professionals; Org 15 = Other nursing regulatory bodies; Org 16 = patient group; Org 17 = Postsecondary institutions; Org 18 = Provincial nursing education interorganizational group; Org 19 = student group; Org 20 = National public interest group

Table C5*Process for Constructing Themes for Issues and Challenges*

Interview question 3 identified issues and challenges	Description of the issue from the data/rationale	Category
Adequate clinical placements	<ul style="list-style-type: none"> • Sufficient types and amounts • Specialized placements • Clinical sites cancelling • Number of preceptors 	
Curriculum changes and mandates	<ul style="list-style-type: none"> • Many imperatives • Degree qualifications limit number of credits in program • Regulatory prescribes hours and other requirements 	
Learner consolidation	<ul style="list-style-type: none"> • More and more information is expected 	Curricula
NCLEX and licensure	<ul style="list-style-type: none"> • Bar set to evaluate programs 	
Recruitment and retention of nurses	<ul style="list-style-type: none"> • Health service organization needs rural nurses • Need to prepare students for sustainability and longevity in nursing 	
Student mental health	<ul style="list-style-type: none"> • Quality of life • Stressed with workload • Need to develop resiliency and self-care management 	
Appropriate faculty	<ul style="list-style-type: none"> • Inability to recruit international faculty due to registration • Do not have adequate faculty 	
Faculty diversity	<ul style="list-style-type: none"> • Diversity in students is present but not in Faculty • Postsecondary institutions strive for diversity and gender equality 	Faculty
Faculty shortage	<ul style="list-style-type: none"> • Recognized by nursing education accreditation body and Government Ministry for postsecondary 	

Clinical instruction and learning	<ul style="list-style-type: none"> • What are clinical instructors doing? • Limited supports for clinical instructors 	Teaching and learning
Student critical thinking	<ul style="list-style-type: none"> • Critical thinking is a desired outcome by many organizations. 	
Clinical site and education relationship	<ul style="list-style-type: none"> • Postsecondary institutions have no power, they are guests in the clinical sites • Postsecondary institutions wanting a change in the relationship 	Education and practice
Communication between education and practice	<ul style="list-style-type: none"> • Postsecondary institutions striving for proactive communication 	
Health care changes	<ul style="list-style-type: none"> • Postsecondary institutions adapting to health care changes 	
Practice readiness	<ul style="list-style-type: none"> • Tension between practice site expectations and students' abilities 	
Funding for education programs	<ul style="list-style-type: none"> • Acknowledged by postsecondary institutions, regulatory body, nursing education accreditation body and government ministry for postsecondary 	Finances
Funding for students	<ul style="list-style-type: none"> • Only identified by Health service organization 	
Funding to hire graduates	<ul style="list-style-type: none"> • Identified by government ministry – postsecondary education 	
Role confusion RN and PN	<ul style="list-style-type: none"> • Within nursing there is confusion between an RN and a PN 	RN role
Specialist versus generalist	<ul style="list-style-type: none"> • What do employers want versus what education is providing? 	

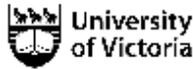
Appendix D

Interview Guide for Organizational Participants

Question Number	Interview Question	Response
1	What organizations comprise the undergraduate nursing education in [Canadian Province]?	Open
2	How often, if at all, do you interact with [specific organizations from above]?	Not at all, yearly, semi-annually, monthly, weekly, daily
3	What is the mode of interaction with the other organizations?	Open
4	What are the issues or challenges facing undergraduate nursing education in [Canadian Province]?	Open
5	Of the issues and challenges you identified, are there certain issues and challenges that are more complex? Which ones? What makes them more complex?	Open
6	Do you think that the other organizations within nursing education would identify the same issues or challenges? Why or why not?	Open
7	In your role as [senior-level administrator title], what are key documents, if any, that guide your actions for undergraduate nursing education?	Open

Appendix E

Human Research Ethics Board Approval Letter



Office of Research Services | Human Research Ethics Board
 Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
 T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

<p>PRINCIPAL INVESTIGATOR Noreen Frisch (Supervisor)</p> <p>PRINCIPAL APPLICANT Vanessa Sheane PhD student</p> <p>UVIC DEPARTMENT Nursing</p>	<p>ETHICS PROTOCOL NUMBER 19-0008 Expedited review - delegated</p> <p>ORIGINAL APPROVAL DATE 19-Feb-2019</p> <p>APPROVED ON 19-Feb-2019</p> <p>APPROVAL EXPIRY DATE 18-Feb-2020</p>
<p>PROJECT TITLE "Exploring the Challenges and Issues Facing Undergraduate Nursing Education in one Canadian Province from an Institutional Theory perspective: A case study"</p> <p>RESEARCH TEAM MEMBERS None</p> <p>DECLARED PROJECT FUNDING None</p> <p>DOCUMENTS INCLUDED IN THIS APPROVAL Consent Form.doc - 15-Feb-2019 Recruitment email - general.docx - 15-Feb-2019 Recruitment email - specific.docx - 15-Feb-2019 Structured Interview Questions.docx - 13-Jan-2019</p>	
CONDITIONS OF APPROVAL	
<p>This Certificate of Approval is valid for the above term provided there is no change in the protocol.</p> <p>Modifications To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.</p> <p>Renewals Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.</p> <p>Project Closures When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.</p>	
Certification	
<p>This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p>	

Certificate Issued On: 19-Feb-2019

Appendix F

Participant Consent Form



**University
of Victoria**

Participant Consent Form

Exploring the Challenges and Issues Facing Undergraduate Nursing Education in one Canadian Province from an Institutional Theory perspective: A case study

You are invited to participate in a study entitled Exploring the Challenges and Issues Facing Undergraduate Nursing Education in one Canadian Province from an Institutional Theory perspective: A case study, that is being conducted by Vanessa Sheane.

Vanessa Sheane is a PhD Student in the School of Nursing at the University of Victoria and you may contact her if you have further questions by email or phone.

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Doctor of Philosophy. It is being conducted under supervision. You may contact my supervisor by telephone.

Purpose and Objectives

The purpose of this research project is to explore the issues and challenges facing undergraduate nursing education from a system-level perspective. Utilizing an institutional theory perspective which has not been used in nursing education previously, this research seeks to define the institution of undergraduate nursing education, identify current issues and challenges facing undergraduate nursing education, and explore the connections between the issues and challenges and the institutional structure of undergraduate nursing education.

Importance of this Research

Research of this type is important because it will acknowledge the work of academic nurse leaders, acknowledge the complexity of the context, provide propositions or hypotheses for future research, and provide language to describe the tensions within the system of undergraduate nursing education. Conceptualizing undergraduate nursing education as a system and acknowledgment of the multiple organizations within the system of nursing education will provide an alternative perspective to exploring not only the issues and challenges but other phenomenon influenced by the social structure, behavior, and rules within the institution of nursing education. Current examinations look at a few of the structures and specific issues or challenges facing the nursing education system, it is unknown if all of the issues and challenges have been brought forward in the current discourse.

Participants Selection

You are being asked to participate in this study because you are a senior-level administrator for an organization within the institution of undergraduate nursing education in [name of province].

What is involved

If you consent to voluntarily participate in this research, your participation will include a face-to-face semi-structured interview. A telephone interview may be used in place of a face-to-face interview. The interview will be no longer than two hours in length and occur at your place of work. The interview will be audio-taped and transcribed.

Request for organizational documents that may or may not be publicly available will be requested in the interview. Documents that impact other organizations within undergraduate nursing education or that outline the organizational structure of your organization will be requested.

Inconvenience

Participation in this study may cause some inconvenience to you, including time away from your job during a regularly scheduled work day.

Risks

There are some potential risks to you by participating in this research and they include social risks due to limited privacy. Unique organizations such as the regulatory body, accrediting body, health service provider, and Government Ministries, are at an increased risk of limited privacy because they are the only organization within the Province of [name]. To prevent or to deal with these risks the following steps will be taken:

- Participant name, title and organization name will be removed after data collection,
- Dissemination of this research will not include identifying the Province of [name]. It was be identified as one Canadian Province.

Benefits

The potential benefits of your participation in this research include: identifying strategies that can lead to potential solutions for the issues and challenges facing undergraduate nursing education; and, identifying other organizations within nursing education can lead to enhanced collaboration between organizations.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used. Withdrawal from the research can be made in writing or verbally to the student researcher.

Researcher's Relationship with Participants

The researcher may have a relationship to potential participants as a colleague. The researcher is an undergraduate nursing education administrator in [name of province]. To help prevent this relationship from influencing your decision to participate, the following steps to prevent coercion have been taken:

- Communication about this research will be sent from my University of Victoria email or personal telephone number.

- There will be no verbal discussion on this research outside of the consented interview or as initiated by the participant.
- The professional relationships and standing will not be affected, whether you choose to participate or choose not to participate in this research.

Anonymity

In terms of protecting your anonymity you will be protected by the use of one Canadian Province instead of [name of province] and organizations identified by generic terms such as academic administrator, regulatory body, health service provider, accreditation body, and Government body. There are limits to the anonymity because there is only one accrediting body in Canada. Also, the limited number of regulatory bodies in Canada increases the likelihood of identifying some participants.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by secure storage of consent information, contact information, data, and key to codes. Raw data will be transcribed and coded to remove participant name, title, and organization. Participant names, titles, and organizations will be stored in a locked drawer in a locked office. Key to codes will be stored in a password protected file on a password protected computer separate from the coded data. The coded data will be stored on a password protected computer in password protected files. Only the student researcher will have access to the raw data.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways:

- Dissertation presentation
- Dissertation will be available on the Internet via UVicSpace
- Presentation at Scholarly Conference
- Published Article

Disposal of Data

Data from this study will be disposed of two years after collection. Electronic data will be erased, and paper copies of the participants organizations and consent will be shredded.

Contacts

Individuals that may be contacted regarding this study include the student researcher and supervisor.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria. [INSERT OTHER ORGANIZATION HREB INFORMATION HERE].

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

Name of Participant
Signature
Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix G

Specific Recruitment Email

Dear [Participant]:

As a PhD student in the School of Nursing, Department of Graduate Studies at the University of Victoria, I am conducting research to better understand the institution of undergraduate nursing education and current issues or challenges it is facing. The purpose of my research is to explore the issues and challenges facing undergraduate nursing education in [name of province] (one Canadian Province) from an institutional theory perspective. I am writing to invite you to participate in my study.

If you are in a senior-level administration position within your organization and are willing to participate, you will be asked to participate in a semi-structured interview. The interview should take no more than two hours to complete. Interviews will be conducted in person or on the telephone. Request for organizational documents that may or may not be publicly available will be requested in the interview. Documents that impact other organizations within undergraduate nursing education or that outline the organizational structure of your organization will be requested. Your information will be kept confidential.

A consent document is attached to this email. The consent document contains additional information about my research. To participate, please complete and return the consent document to my email.

If you have any questions please contact me or my PhD Supervisor.

Please note that I am a nursing education administrator in [name of province], our professional relationship and standing will not be affected whether you choose to participate or not.

In addition, this study has received ethics approval from the University of Victoria. You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, [INSERT OTHER ORGANIZATION HREB INFORMATION HERE].

Sincerely,

Appendix H

General Recruitment Email

Dear [Organization]:

As a PhD student in the School of Nursing, Department of Graduate Studies at the University of Victoria, I am conducting research to better understand the institution of undergraduate nursing education and the current issues or challenges it is facing. The purpose of my research is to explore the issues and challenges facing undergraduate nursing education in [name of province]a (one Canadian Province) from an institutional theory perspective. I am writing to invite [specific name of participant, or; job position, i.e. an administrator who works with nursing education programs] to participate in my study. Can you please forward this request on to [name, or “appropriate personnel”]?

Thank you,
Vanessa Sheane, PhD (c), MN, RN

Hello Participant:

As a PhD student in the School of Nursing, Department of Graduate Studies at the University of Victoria, I am conducting research to better understand the institution of undergraduate nursing education and the current issues or challenges it is facing. The purpose of my research is to explore the issues and challenges facing undergraduate nursing education in [name of province] (one Canadian Province) from an institutional theory perspective. I am writing to invite you to participate in my study.

If you are in a senior-level administration position within your organization and are willing to participate, you will be asked to participate in a semi-structured interview. The interview should take no more than two hours to complete. Interviews will be conducted in person or on the telephone. Request for organizational documents that may or may not be publicly available will be requested in the interview. Documents that impact other organizations within undergraduate nursing education or that outline the organizational structure of your organization will be requested. Your information will be kept confidential.

A consent document is attached to this email. The consent document contains additional information about my research. To participate, please complete and return the consent document to my email.

If you have any questions please contact me or my PhD Supervisor.

Please note that I am a nursing education administrator in [name of province] our professional relationship and standing will not be affected whether you choose to participate or not.

In addition, this study has received ethics approval from the University of Victoria. You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, [INSERT OTHER ORGANIZATION HREB INFORMATION HERE].

Sincerely,

Appendix I

Supplemental Figures

Figure I1

Document Tracking Tool

Document	Author/Owner	Document Identified by participant as key document	Author/owner organization of document identified by participant as an organization that comprises the institutional field of UGNE in Alberta	Document identified by Researcher	Source	Impacts at least one other organization or outlines organizational structure of one organization within the institutional field?	Publicly available or permission given	English	Current version	Overall relevance	Include	Exclude
Name of Document	Name of Author	Yes/No	Yes/No	Yes/No	Website or Participant	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Figure I2

Case Illustration with Areas of Conflict

