Overcoming Challenges to Collaboration: Nurse Educators’ Experiences in Curriculum Change

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ABSTRACT
This article describes challenges to effective collaboration encountered by nurse educators as they transformed a unit within a school of nursing in Taiwan. This study introduced collaborative action research as a vehicle for curriculum change. Although the team achieved positive outcomes in transforming a unit, the collaborative process was complex with four major challenges: meaning, time, work culture, and conflicting views. This article provides an overview of the study, and the major challenges posed by working together are expounded and illustrated with excerpts drawn from the study data. Possible reasons for the challenges, how these challenges were overcome, and facilitation of the collaborative process are discussed.

Collaboration is widely recognized as an essential element for the improvement of teaching and learning (Gajda & Koliba, 2007, 2008; Pugach & Johnson, 2002). A number of researchers claim that collaboration is necessary for both professional development and educational change (Coronel, Carraseo, Fernandez, & Gonzalez, 2003; Smith & Lovat, 2003). However, teachers largely work in isolation, and teaching is considered “a lonely profession” (Fullan, 1993; Fullan & Hargreaves, 1996; Hargreaves, 1995). Teaching in isolation has been considered to limit access to new ideas and better solutions (Fullan, 2003; Fullan & Hargreaves, 1996), and to promote conservative instructional practices (Greenwood & Mabeady, 2001). Teachers who work in isolation tend to take fewer risks and “play it safe” (Fullan, 2003). However, when working in collaborative environments, teachers have the potential “to create the collective capacity for initiating and sustaining ongoing improvement in their professional practice so each student can receive the highest quality of education possible” (Pugach & Johnson, 2002, p. 6). That is, when teachers work collaboratively to achieve a shared purpose, they are able to change their teaching practices in significant ways. Smith and Lovat (2003) claim that effective educational change “depends more on collaborative cooperation and communication than on competitive individualism” (p. 206). This claim is supported by Coronel et al. (2003), who maintain that the success of an educational change is dependent on not only the features of the change but also the degree of collaboration involved.

This study introduced collaborative action research as a vehicle for curriculum change within a school of nursing in Taiwan. In keeping with the situated nature of action research and the advice to “think globally, act locally” (Kemmis & McTaggart, 1988, p. 17), one specific unit, psychiatric nursing, was selected for the initial change. This change was implemented as a result of recommendations made by the Taiwan Nursing Accreditation Council. The Taiwan Nursing Accreditation Council (2009) wanted nursing curricula to focus on student learning processes and the provision of opportunities to increase learning skills as opposed to the traditional, Taiwanese
way, which focuses on teaching processes and the content of learning. Although collaborative action research proved to be an effective medium through which to transform the curriculum, the collaborative journey was dynamic, complex, and very challenging.

The focus of this article is the challenges to effective collaboration encountered during the curriculum change process. An overview of the study is provided, and then the key challenges posed by working together are expounded and illustrated with excerpts drawn from the study data. Possible reasons for each challenge are discussed along with the strategies used to facilitate collaboration.

STUDY OVERVIEW

Collaborative action research, with its emphasis on participation and reflection, is a methodology that enables everyone involved to participate actively and equally, and to voice their perspectives and beliefs freely (Borda, 2006; Coghlan & Brannick, 2005). The action research process is regarded by Kemmis and McTaggart (1988) as “socially constructed and as a matter for collective and collaborative decision making” (p. 16). Action research is based on the practical application of theory to practice, is conducted by a group of people with a shared concern about a social issue, and aims to initiate change to resolve the issue (Kemmis & McTaggart, 1988). Collaborative action research is a methodology that brings individuals together to learn from each other’s experiences and to collaboratively plan, implement, and evaluate action to change the current situation.

Qualitative research methods, such as team discussions, review of curriculum documents, and reflective journals were used to generate and gather data. The curriculum change process occurred during 21 team meetings in a period of 8 months. Each team discussion was audio-taped and transcribed verbatim. Meeting transcripts were examined through paradigmatic analysis of narrative (Polkinghorne, 1995), with both deductive and inductive approaches. Any identifying details in transcriptions or reports were removed.

In this study, the principal author was an insider who initiated, organized and participated in the project; the principal author also collected, examined and interpreted the data. According to Carr and Kemmis (1986), action research involves researchers studying their own practices, thus biases and distortions may exist due to “unseen constraints of assumptions, habit, precedent, coercion and ideology” (p. 192). Therefore, it was necessary to deliberately examine the data not only for the meaning but also for any biases and distortions; this required critical reflection. To ensure the trustworthiness of this study, ongoing interpretations were defended before the second and third authors who were nonparticipants of the study and who were available to listen to the account of this research, to offer thoughtful responses to the account, and to raise points that perhaps the principal author had not considered (Whitehead & McNiff, 2006).

MAJOR CHALLENGES

Team members were willing, even eager, participants in the study. However, the collaborative process posed five major challenges:

- **Meaning.**
- **Time.**
- **Work culture.**
- **Conflicting views.**
- **Equality.**

The Challenge of Meaning

When this project was introduced, the act of collaborating at work held little meaning for participants, although it was explained at the introductory seminar. However, after the team was formed, questions continued to be asked. These questions included: What do you expect me to do? When will you show us the new curriculum? How do I teach the new curriculum? Such questions strongly suggested that team members did not understand what it meant to truly “collaborate.” Understanding the meaning of terms is important in any educational endeavor because educational ideas are ambiguous and abstract, and mean-
ings are interpreted differently by different individuals (Smith & Lovat, 2003).

Team members might have believed that collaboration just meant working together to do what was imposed on them, especially as this project involved curriculum making. They were more familiar with the traditional top-down approach to curriculum work, in which curriculum is researched and developed, usually by outsider experts, and then handed down to the teachers to implement. They were also used to highly structured and pre-planned projects rather than a self-determining one.

Prior experience with “pseudo-collaborative” endeavors may have been another reason for the lack of understanding. Chapman (2006) noted that “in reality, collaboration is often an illusion—a misperception of reality” (p. 302). Chapman further argued that merely working together is not collaboration; too often an individual’s role in what is termed a collaborative endeavor is merely passive attendance; there is no expectation, much less encouragement, of any participation or active involvement. Collaboration requires not only active participation but also a shared purpose or mutual goal that leads to joint decision making and improvement (Friend & Cook, 2007; Fullan, 2005; Gajda & Koliba, 2007, 2008).

Throughout the curriculum change journey, team members voluntarily participated in meetings, freedom of attendance and expression were mutually respected and accepted, and decisions were proposed and made through group processes. Participation was neither imposed nor passive, and “things” were done by us, not to us; our participation was active and enthusiastic. This form of collaborative and active participation promotes within participants a sense of ownership, commitment, and being part of the action (Dora, 2005; Sng, 2008). One team member commented, “I feel I have a part in the team and in the curriculum.” Another team member noted:

When we developed the curriculum, everyone had her voice out and we decided every detail by vote. I think the process demonstrated democratic action. Everyone had power over the curriculum.

Many authors (Friend & Cook, 2007; Fullan, 2005; Gajda & Koliba, 2007, 2008; Sng, 2008) have suggested that active participation is central to the success of innovations. As Dora (2005) noted, without a general feeling that this is something in which everyone has a part, innovations often fail.

Fullan (2005) also argued that there has to be some driving focus about which people are interacting for collaborations to be effective. Gajda and Koliba (2007) suggested that:

The sine qua non of all types of collaboration is a shared purpose: two or more entities come together for a reason—to achieve a vision or to do something—that could not be accomplished in isolation. (p. 29)

Without a shared purpose, collaboration can be ineffective.

This curriculum change was driven and carried out by the teachers who taught the curriculum or whose interests were directly related to the issue. There was a shared purpose that directed the curriculum thinking, planning, decision making, and action, towards improvement. As one team member, Vicky, stated, “We are all looking for a more appropriate approach to teaching and learning. Hopefully, this project would guide us to the destination.” Although the meaning of collaboration initially was misunderstood by team members, authentic collaboration was established and sustained through consistent adherence to democratic processes that encouraged active participation and the sharing of ideas and purpose throughout the curriculum change journey.

The Challenge of Time

Due to the demands on our time, the project was considered by some to be “more idealistic than practical.” Some academics outside the project were concerned that workloads were already so heavy that anyone who participated would have little time to contribute effectively. However, the psychiatric nurse educators thought that the project was a good idea and worth trying if it would improve mental health education. As one team member commented, “Although we are busy, we have to do something if it is helpful.”

All of the participants were sympathetic to the purpose of the study. However, time remained a constant challenge. Rowley et al. (2004) noted that it is difficult to find time to participate and that this can be a barrier to innovation. Strategies to address the challenge of time were adapted from the works of Chien (2007), Gajda and Koliba (2007, 2008) and Rowley et al. (2004). Team meeting times were negotiated, and the most convenient and acceptable times for most of the team members were chosen. Pre-meeting reading and activities, and meeting agendas were distributed early to allow time for learning and reflection on the discussion topics, which, in turn, helped to ensure the most efficient use of each team meeting.

Finding time to work collaboratively was also challenged by the structure of the team. Team members came from two different groups, so meeting times had to fit within two timetables. The support from the head of the school and the administration in providing the clinical facilitators with extra time to attend team meetings helped overcome this challenge and reflects the claim by Darling-Hammond and McLaughlin (1995) that top-down support is needed for “bottom-up reform” (p. 598).

The Challenge of Work Culture

The study provided a context for nurse educators to work collaboratively for the improvement of teaching and learning. However, working in a team was extremely challenging because team members were accustomed to working alone and had little experience working with others within the school. One participant noted that “The psychiatric nursing teaching group has not had a meeting for the past year. We are used to working alone. That’s the way we get things done.”

A habitual pattern of working alone can be seen as a
culture of individualism (Fullan & Hargreaves, 1996). Because of the pervasive presence of individualism within the teaching culture, the idea of collaborating was not only challenging but also considered by many to be too difficult to even attempt. As one experienced teacher commented, “I worry about the project because the psychiatric nursing teaching group looks like a heap of loose sand. I wonder, how can a heap of loose sand work together?” According to Fullan and Hargreaves (1996), in a culture that values isolation and individualism, teachers rarely discuss each other’s work, share stories or resources about teaching and learning, or collectively reflect on the purpose and direction of their practice.

Fullan and Hargreaves (1996) noted that professional isolation and individualism sustain educational conservatism—a state in which teachers avoid taking risks and rarely change their practice. As found in this study, team members largely taught by lecturing; they considered curriculum change as risky and doubted if it was worth taking the risk. One team member commented:

“Trying out a new teaching practice is risky...I think we are taking a risk...I am afraid students will complain to the head of the school of nursing and the principle as well.”

Collaboration was even more challenging with two different groups of educators: academics and clinical facilitators. Promoting collaboration initially resulted in balkanization: a culture of collaboration that divides and that separates teachers into subgroups within a school (Hargreaves, 1994). In this study, balkanization occurred in the beginning stage because of participants’ different professional and academic backgrounds. Team members quickly attached their loyalties and identities to the group with the same background. One participant said, “Never expect their [academics] participation. They [academics] are unreliable. This project has to rely on us [clinical facilitators].” Balkanization can lead to poor communication or to groups going their separate ways (Fullan & Hargreaves, 1996); it can also result in limited access to and consideration of other ideas (Fullan, 1993) and thus impede innovation. The challenges of individualism, conservatism, and balkanization needed to be resolved before a truly collaborative culture could be established.

To facilitate our collaborative work, the principal author suggested a set of “working rules” (Kemmis & McTaggart, 1988, p. 108) for working together. Team members all welcomed the idea and thus working rules were mutually established during the first team meeting. The rules were underpinned by democratic principles:

- Speaking our own opinions with objectivity.
- Listening to others with an open mind and respect.
- Participating in discussions and making group decisions equally.
- Maintaining confidentiality.
- Attending team meetings on time.

These rules proved to be a useful strategy for not only guiding conduct during a collaborative endeavor but also for building trusting and respectful relationships.

According to van Eyk (2005), trusting relationships foster a shared purpose and enable groups to work together. Being respectful of the expertise and decisions of all team members also helped to establish trusting relationships. Working rules helped establish mutual respect and a sense of trust among team members. One team member commented, “Many of our [clinical facilitators]’ ideas have been accepted and valued by you [academics]. This is respect and trust.” The development of respect and trust led to effective collaboration for a shared purpose.

Reciprocal help is also essential for the development of a collaborative culture according to Coronel et al. (2003) who noted that when teachers collaborate to give mutual support and help each other, their practice improves. During the collaborative journey, after a climate of reciprocal help was developed, team members shared and exchanged ideas, resources, and expertise; sought advice; helped each other with problems they encountered when teaching; and worked toward the shared purpose of making a curriculum that improved teaching and learning. One participant said:

“We share our knowledge and learning expertise, and we support and help each other. The support from the team greatly reduces my stress; the power from the team encourages me to go forward.”

Reciprocal help played an important role in establishing a work culture that was collaborative.

Maintaining a balance between collaboration and individuality has been advocated by authors (Coronel et al., 2003; Fullan & Hargreaves, 1996). Individuality, according to Fullan and Hargreaves (1996), refers to individual freedom, which can be expressed through “voicing of disagreement, opportunity for solitude, and experiences of personal meaning” (p. 43). Fullan and Hargreaves (1996) claim that individuality generates the disagreement, difference, and risk that are necessary for dynamic group learning.

In recognizing the value of diversity in collaborative work and acknowledging that the complex teaching process can cause problematic situations, Coronel et al. (2003) advocate for respecting the freedom of individuals to act according to their own choice and decisions, and to express their own ideas and opinions. One team member described the importance of individual freedom and flexibility in collaborative relations as follows:

Although we utilized a shared approach to our teaching, there was room for individual variation and flexibility.

I think this was important for me, otherwise I would have felt stressed and restrained by the team.

This statement reflects Clement and Vandenberghe’s (2000) caution that although teachers should collaboratively share ideas, they need to perceive that they have the freedom to decide whether and how to use the ideas. That is, in collaborative relationships, individuality must be respected.

The Challenge of Conflicting Views

During the collaborative journey, many different views, ideas, and opinions were expressed about teaching and
learning. These conflicts were a source of frustration and angst, and posed a challenge for members to resolve to make curriculum decisions and implement the curriculum in a consistent way. As one team member commented, “Everyone has different opinions about what should or shouldn’t be taught...This is an endless debate. Neither can convince the other.” Because all individuals have various needs, interests, goals, and values, any collective change attempt will necessarily involve conflict (Fullan, 2007). As the team in this study consisted of eight very different people coming from two different groups, conflicting views were inevitable.

Fullan (2007) argued that conflict and disagreement are not only inevitable but fundamental to successful change or improvement. Capobianco (2007) and Fullan and Hargreaves (1996) claimed that individual diversity, disagreement, and difference are potential sources of new ideas and dynamic group learning. Capobianco (2007) argued that teachers need to engage in productive and reflective conversations that support new understandings.

This is similar to the notion of “critical debate” (Kemmis, 1986, p. 129) which, according to Kemmis, makes thought processes transparent, allows a variety of perspectives and judgments to be challenged in a meaningful way, and focuses on reasoning and making decisions so that a problem can be addressed and remedied. Kemmis and McTaggart (1988) argued that critical debates promote effective group decision making; they considered creative conflict rather than superficial consensus to be critical for the success of any collaborative endeavor. In other words, conflicting views or disagreement should be seen as an opportunity for growth rather than as a threat to consensus; they provide an opportunity to reclaim meanings and gain more understandings. Although conflicting views challenged the process of curriculum decision making and implementation in this study, they also played an important role in not only helping team members to better understand each other but also in challenging basic assumptions that team members held about teaching and learning and curriculum making.

This study, guided by action research methodology, provided a context in which team members engaged in not only individual but also collaborative reflective discussions and critical debates about teaching and learning. Our collaborative relationships allowed team members to take advantage of differences and use them as strengths.

One participant stated:

During this collaborative process, we communicated with and debated with each other open-mindedly; we learned a lot of new pedagogical knowledge and teaching strategies. Everyone had different ideas...This is a good lesson.”

The Challenge of Equality

During the curriculum change process, especially in the beginning, real and perceived issues related to equality surrounded and influenced the collaborative relationships. According to Gaventa and Cornwall (2006), power and knowledge often exist in the position individuals occupy. This action research team consisted of academics and clinical facilitators, and each had different professional backgrounds and situations. The traditional unequal status between full-time academics and part-time clinical facilitators reinforced perceptions of inequality. One participant noted, “To be honest, I am a very little clinical teacher and you [the academics] are very big school teachers.”

Initially, both the clinical facilitators and the academics considered the clinical facilitators’ participation in curriculum making to be of little value. One team member said, “[I thought] I am a clinical teacher, I never taught the class, and I know nothing about classroom teaching.” Another participant commented, “Classroom teaching is not your [clinical facilitators’] business; you have no idea about classroom teaching because you never have this experience.”

One team member was positioned by the others as an expert with wide and diverse experiences and knowledge, and therefore the person to make the decisions. As one of the team members stated, “You know better than us, so you decide.” Perceptions such as these were challenging to overcome, especially at the beginning of the curriculum change process.

Pan (2004) suggested that equality is enhanced in action research because participation is voluntary. In this study, team members volunteered. They chose to change the curriculum because they were all concerned about its effectiveness and thought that by working together, they would find ways to improve their own teaching practices and student learning. This argument is consistent with the claim by Graham, Hudson-Ross, and McWhorter (1997) that perceived inequalities during a research project are minimized by shifting from an expert-novice relationship to one of co-researchers engaged in a collaborative relationship. This curriculum change was implemented within collaborative action research methodology—a bottom-up approach that emphasizes active and equal participation and collaboration with everyone involved freely voicing their ideas and opinions. These conditions promote equal relationships (Borda, 2006; Coghlan & Brannick, 2005; Kidd & Kral, 2005).

In this study, equality was also enhanced through consistent adherence and acknowledgement of the “working rules” (Kemmis & McTaggart, 1988). Everyone’s views, ideas, opinions, expertise, and contributions were equally respected; team members were co-researchers collaborating to create, plan, implement and evaluate the curriculum change. Equal relationships and interactions, and mutuality of trust and respect were consistently emphasized through comments such as “Every decision depends on the team and is flexible,” and “Each team member has the right to make that decision.”

All of team members were valued equally for their expertise and the contribution that they could make to the curriculum change. They acted as co-researchers collab-
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oratively involved in creating and planning the change. One team member stated, “In this team, we never treated people as classroom teachers or clinical teachers. We treated each other with equality and respect.” Another team member commented, “Everyone contributed to the curriculum transformation and was helpful and useful to others. Indeed, everyone guided this group project.” As a result of our collaborative efforts at equalizing power relations among team members, the relationship throughout was one of equality, despite members coming from diverse professional backgrounds and situations.

Instead of positioning equality as a goal of collaborative research relationships, Evans (1999) suggested an alternative goal—that of discovering new ways to create power. In other words, participants draw on their area of expertise to find ways to contribute or persuade. In this study, for example, one team member drew on her area of proficiency to make the following contribution: “I tried role-play and case study in my classes. . .I found these strategies were useful.”

Evans (1999) claimed that helping others feel empowered strengthens personal confidence and furthers collaborative relationships. The following statement demonstrates feelings of personal and professional growth among team members: “The power from the team encourages me to go forward. My passion for teaching and learning has been aroused.” Another team member noted, “I think I exerted a certain influence [on the process]. I feel I am a more competent teacher.”

As a result of our collective action, team members gained a sense of community in which they helped and supported each other, and were energized and mobilized to work collaboratively for curriculum change. One team member’s comment highlighted this sense of community and collective action: “This time, I think we found the New World. . .the new community. We not only restructured the new curriculum but also built up a supportive community.” Similarly, another participant said, “I think we had built up a teaching and learning community across classroom and clinical. This community is informative because collaboration is strength.”

According to Soliman (2001), power becomes balanced when each party in the collaborative effort recognizes and appreciates each other’s contribution regardless of position or assumed power status. During the collaborative curriculum transformation process, the perceived difference in equality between the academics and the clinical facilitators was minimized. Each group recognized and valued the importance of the other’s role in accomplishing the curriculum change. One team member commented:

At first, I felt very surprised to have you [clinical teachers] join the team. . .However, throughout the process I felt it is meaningful to have your participation. I have learned a lot from you.

The strategies discussed above succeeded in overcoming the challenges posed by perceptions of inequality in this study. Although power is an inherent part of any relationship, ultimately it did not prevent team members from working closely and productively with each other. All of the team members viewed the collaborative work positively. One participant commented, “I appreciated our collaborative work. . .Here we shared knowledge and had things done together. My pressure has been largely reduced.”

LOOKING FORWARD

The positive and proactive imagery of collaboration makes it an attractive model for change or improvement. However, no matter how successful or effective that collaboration for curriculum change might be, it comes to nothing if it is not effectively maintained. In fact, it is the context and the working relationships, together with the role of leadership, that largely determine the securing of continuous collaboration. In other words, when provided with the conditions, the beliefs, and the language that would enable educators to collaboratively transform their own practice, they are able to do so.

In this study, collaboration helped team members to think in new ways and to approach things differently. From such a process, we not only effected the curriculum change but also built up a collaborative culture within which we were committed to sustaining the collaborative journey for further improvement of teaching and learning. One team member said, “I am also thinking we should maintain this collaborative process. . .I believe it is possible to extend our collaborative work to . . .”

Effective collaboration among team members was facilitated, sustained, and motivated through developing trust, flexibility, and democratic processes. This not only promoted commitment to and ownership of the change but also created a sense of community in which we were able to help each other to change and improve.

CONCLUSION

This study demonstrated the value of working collaboratively to solve educational problems. The collaborative action research approach to curriculum making enabled two different groups of educators to join together to discuss and explore problems, decide on a solution to the problems, and to bring about change. Although the unprecedented inclusion of clinical facilitators in the curriculum development process added to the challenges encountered, the mix of differing backgrounds and experiences provided opportunities not only for debate and reflection on teaching practice but also for gaining a better understanding of teaching and learning realities.

Differing from the top-down approach to change or improvement, the collaborative action research approach to curriculum change was a bottom-up approach that emphasized authentic participation and collaboration. At the same time, the project was supported by the head of school and the administration. The reconciliation and combining of the top-down and bottom-up forces strengthened the change.

The study generated knowledge and action for think-
ing about and acting on curriculum change. The establishment of a collaborative teaching community where it did not previously exist created a social change in terms of a new culture in a specific school of nursing. The study confirmed that academics and clinical facilitators can work together to improve teaching and learning and curriculum. The experiences provided some valuable insights about the appropriate conditions for managing collaborative work and the associated challenges.

This study is limited in that it is not generalizable to other contexts. It is possible, and perhaps even probable, that teachers in different subject areas will experience different challenges when collaborating. However, many of the strategies that were generated to meet the challenges experienced by the nurse educators in this study may prove useful in other schools of nursing or in similar contexts.

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