

In Whose Interest? Nursing Pre-Licensure Educational Approval

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by

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## Abstract

**Purpose-** Professions purport to self-regulate in the public interest. Some of the professions granted self-regulatory status are medicine, **Law, Medicine, Accountancy, and Engineering**. The focus of this study is the **nursing** professions. Self-regulation includes setting standards of education and approving pre-licensure educational programs thus controlling who is eligible to gain entry into a profession. Governments grant certain professions the responsibility, right, and privilege of self-regulating based on the premise that these groups are best positioned to oversee and control the profession and its members and that they do so in the public interest. There are dissenting opinions and criticisms leveled against self-regulating professions including accusations of protecting their members and not acting in the interest of the public.

**Background-** With few exceptions, the professions are not schooled in, let alone experts in education or evaluation, yet they control the approval of the education pre-licensure program. The education program is foundational to the profession not only because of the content of the program, but also due to the socialization into the profession including the *hidden curriculum*, both of which transmit the culture and values of the profession. Allsop (2006) reported that public trust of the General Medical Council was strong in most areas of regulation such as education and standards but not in disciplining its members. Given the centrality of education to the professions and the privilege of approving the pre-licensure education program, what educational supports do professionals need to fulfill this obligation in the public interest?

**Method and methodology-** This qualitative interpretive study surveyed a purposive sample of eight participants regarding their experience with and knowledge of their respective nursing prelicensure education program approval process. Participants included nurse regulator CEOs and Nursing Education Program Approval Committee (NEPAC) members. I explored how committee members are (a) selected, oriented, and educated for this process, (b) the program evaluation or approval education of committee members, (i) prior to joining the committee, and (ii) their perceived competence and (iii) satisfaction with the process at the end of their mission. I used Reflective Thematic Analysis to generate themes from the data.

**Findings-** No participant had formal education in program approval in their undergraduate or graduate level programs. Nurse regulator participants provided an orientation to and materials supporting program approval. Nurses' pre-licensure education inculcates ethics and values of the profession and an orientation to public service and serving in the public interest. Every

participant referred to structural elements such as the Act, Bylaws, the Entry Level Standards of Practice, or Competencies to guide their own work and that of the NEPAC. My conclusion is that profession-led nursing education approval was carried out in the public interest.

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Thanks to my participants. It was lovely to work with you on this research. Nursing is lucky you have chosen it as your profession. I am proud and humbled in equal measure.

## Dedication

This work is dedicated to my parents first and foremost. I've been loved and supported by them every moment of my life. I grew up being told I was loved, and this was demonstrated in so many ways. I was also told I could do anything I set my mind to. Expending effort and doing your best was instilled in me not just in words, but I saw this modelled every day.

To my son Steven, do you remember saying to me when I completed my master of Adult Education, that I should do a PhD because then I'd be really smart? You were only 10 at the time. You got the ball rolling on this one.

I had some fabulous teachers throughout my life. Although I remember all my teachers, outstanding among them was the kindly, almost grandmotherly (that's a compliment!) Mrs. Smith in Grade Two, who in 1964 was 'going to school learning philosophy' (I could hardly pronounce philosophy, but she made it sound so interesting I just had to tell my parents about it). Skipping ahead to Grade Seven and Eight Mr. Shih, my maths and science teacher; he encouraged me in these subjects even though doing so was not widely done with girls way back then. I am so glad I encountered him decades after primary school and was able to thank him for his influence and encouragement. May he rest in peace. In Grade 8, I was the only girl in a cohort of nine in the city sent to learn computer programming at the University of Saskatchewan. Dr. MacAlpine, you must have been a trailblazer to take on that endeavor on Saturday mornings.

So many of my psychiatric nursing faculty exemplified the best of a humanistic approach and modeled being a guide at the side not a sage on the stage. Dr. Joan Sawatsky, I encountered you in my post registration baccalaureate program, you sparked and fueled my enduring interest in self-regulating professions, thank you! And finally, thanks to one of my last professors before my PhD and the supervisor of my master's degree, Dr. Leona English—you left an enduring passion in me for learning and teaching. My appreciation of you continues to grow.

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## Chapter One: Introduction

Regulatory bodies are granted significant control over the area they regulate including diverse areas such as professionals, services, and industry. Focusing on professions, the regulatory body controls membership of the profession via a variety of mechanisms. Self-regulation is not typically something the average person considers in their day-to-day life. Many individuals regulated by a Legislative Act do not necessarily consciously concern themselves with being under control of an Act daily. Indeed, there may be others who are likewise regulated who even lack awareness of this control. In either case, they do occasionally think about governing legislation when professional fees come due, or some compliance issues arise. Two possibilities are people are either not consciously aware of, or rather, implicitly trust in self-regulation and that it is executed in the public interest.

Professions purport to self-regulate in the public interest. To gain that privilege they declared altruistic reasons. A few Canadian professions granted self-regulatory status include **Medicine, Law, Accountancy, Engineering**, some **Clergy**, and **Nursing**, the latter of which is the focus of this study. Self-regulation includes setting standards of educational requirements and approving pre-licensure educational programs thus controlling who is eligible to gain entry into a profession. Members set out the scope of practice; receive, screen, and investigate complaints against members; and if warranted, discipline members. There are dissenting opinions and criticisms leveled against self-regulating professions, including accusations of protecting their members and not acting in the interest of the public. For example, Van den Bergh and Faure (1991) asserted that self-regulation might not be in the public interest and laid out four reasons supporting their argument. These included the fees charged for the service or product (suggesting the fees were too high), control of the number of members allowed or admitted into the profession, a lack of uniformity of regulations across professions, and the mismatched proportion of restrictions. Protecting members from the consequences of their actions (i.e., those not in the public interest) has increasingly sparked debate about professional self-regulation in the public interest.

The approval of programs for entry into the professions is within the purview of many professions based on the premise or belief that these groups are in the best position to control pre-licensure education programs and that they do so in the public interest. The reasoning is that any given profession has the most intimate knowledge of their profession (Brockman, 1998), the

context in which it is practiced, and factors influencing imminent or occurring change. Thus, a profession is believed to be ideally positioned to determine matters such as those concerning pre-licensure education, investigation, and discipline (of non-criminal matters) of its members. Although the state could regulate such matters, it lacks subject matter/practice expertise and accordingly confers authority via legislation to the profession to self-regulate. The state is not without its influence, however. Self-regulation occurs under Acts and Regulations (or alternately Bylaws) which receive assent or approval through the state. Within Canada, the provinces have, in some cases, (e.g., Ontario) set out umbrella legislation regulating health professions, (Aldridge, 2008; Duncan, 2015). In some instances, the state has drafted template legislation which contains particular requirements for inclusion across legislation regulating health professionals. At the time I was writing this, this very process was occurring in Saskatchewan and one could view the required streamlining of language across the legislation of several healthcare professionals via Bill C -120 (2023) on the Canadian Legal Information Institute (CanLII) website. Self-regulation is intended and presumed to be done in the public interest. In fact, Adams (2022a) suggested it might be the singular purpose of regulated health professions. A potential concern I came to ponder about self-regulation, dating back to almost 2 decades ago, was not among those identified by Van den Bergh and Faure (1991) and was the impetus for undertaking this study into the background preparation and needed education supports of the people who approve (nursing) pre-professional education.

Rubin and Rubin (2012) asserted that research is often spurred by personal experience that leaves one frustrated, curious, or wanting to know more. According to Habermas (1971), (emancipatory) learning allows one to be reflective and self-critical. I reflected on my own, albeit dated, involvement in program approval and my qualifications when I was on the Nurse Education Program Approval Committee (NEPAC) of one of my professional associations many years ago. I pondered self-regulation in the public interest. If professions are granted the privilege of self-regulation because they hold themselves out to be protecting the public and because they are the experts about their profession, does this expertise extend to the very foundation of the profession, namely pre-licensure education and ensuring the worth of the same?

I considered that most educators of professionals do not have expertise or focused schooling in educating others (Shulman, 2005; Tarrant & Ware, 2012). Crider (2022) further

expounded on a lack of pedagogical content knowledge (PCK). Most professionals are teaching in their trade or profession by virtue of holding the credential gained after their education program and ideally some years of experience working in the profession. I venture to say most healthcare professionals teaching their discipline do not have a background in education or in program approval or evaluation (though perhaps psychologists have a background in program evaluation).

Historically, Council members of self-regulating professions were themselves licensed professionals of that body who allowed their name to stand for election to the council. They are or were volunteers (who may have (had) their expenses reimbursed) and sub-committees of the Governing Council or Chief Executive Officer (CEO). There are now instances where these individuals are appointed rather than elected. Committees likewise are composed of professionals who volunteer their time and talents to serve on various committees. In my experience, no particular expertise was stated as recruitment qualifications. Further, given a shrinking pool of volunteers (personal communication G. Sarkar, 2020), very often, whomever expresses an interest and willingness to serve is invited to do so.

My governance experience includes a civic board (I served on the Public Library Board). I did not get on as a Board member the first time I volunteered but did the second time and I stayed on to serve three 2-year terms. I voluntarily provided my background on boards in a general sense when completing the application, but no specific skills were advertised as desirable or necessary and thus I did not identify any I had.

During my tenure on this Board, a new process was implemented in which each member was required to complete a self-inventory of their skills. This was consistent with the developing practice in my city to examine the composition of its Boards and in moving toward strategically filling gaps of expertise either by providing education or selecting members with particular skills. Andrews (2006) described a similar process with hospital boards, Nadler (2004) with business, and Sajadi et al. (2020) with boards governing universities. More recently, recounting the process of board amalgamation for regulatory colleges in British Columbia (BC), Canada, Johansen et al. (2020) documented the process in arriving at six dimensions of competencies for board members and the challenges in moving from a democratically elected board to a modernized competency-based board, mirroring an increasingly common practice in organizations.



My personal experiences may influence the way I approach this study, and this is typically acknowledged in qualitative studies. Indeed, scholars such as Thorne (2016) and Braun and Clarke (2022) promoted the use of self as research instrument along with one's own disciplinary knowledge, experience, and reflexivity to be an asset in the research process, not a flaw.

Returning to pre-licensure programs, I questioned first silently, then aloud, what educational or experiential grounding do NEPAC members bring to the table, and what do regulatory bodies provide to NEPAC members (i.e., education) to fulfill their role from a position of knowledge, with a sense of competence, in the public interest? This was the start of the idea of pursuing research in this area for this study.

### **Background to the Problem**

For me, my sensing this as a potential problem had its origin, in my albeit limited experience, with evaluation planning and program approval. Historically, viewed through a larger frame, guilds began to protect their production of goods and later services (Brunke, 2014). Education of aspiring guild members would have started out via a one-to-one apprenticeship model, the master teaching the protégé. Over time, this model of guilds evolved to include professions, even though the education model shifted from skilled trades to professions in which the knowledge, skills, and abilities changed from producing tangible goods for sale to graduating knowledge workers. Meyer (1977) asserted professionals are typically hired based on their credential, not on employer tested competence. More recently, Araki and Kariya (2022) further explored higher education credentialism and its effect on those with lesser and higher degrees.

Many questions swirled in my mind: Are committee members of any given self-regulating profession adequately prepared for the critical function of program approval; and, if they are not, what are the consequences? How much preparation is enough, how much is needed, do you need to be an expert? The answers may mean that this aspect of some self-regulating professions is not being conducted in the public interest, specifically that NEPAC members may not be adequately prepared or regulatory bodies are not preparing their committee members to competently fulfill their role. If this is so, can professions continue to make the claim that they are best positioned to regulate themselves, at least in this regard?

Second, is the regulator ensuring the public that their members are safe to practice if the very foundation (the approval), of the pre-licensure education program can be called into

question? The implication then is that the regulator has to either provide the necessary education or supports; or advise the state that they cannot and will not fill this role and have the state assume the role of regulator. Alternately, the regulatory body could put forth revisions to their Act or Bylaws (regulations) and remove program approval as a function and require that the program only be accredited by an outside authority. In this country, the accrediting body for nursing is the Canadian Association of Schools of Nursing (CASN). Less likely, neither program approval nor accreditation would be required as a statutory function. It is unlikely neither the state nor the public would sit well with that. One might query, as Brockman (1998) opined whether the state would take on the function of regulation of the professions. Where within their ranks are they to find said qualifications or expertise whether for one or for all professions they would then have to regulate?

Drawing on Scott's (2001) institutional theory, it is more likely that the regulator would take steps to ensure NEPAC members are properly prepared to fulfill this important role based on regulative and normative pressures. In their work on institutions, DiMaggio and Powell (1983) posited the concept of organizational fields whereby, over time, institutions within any given category (field) become more similar to one another and interact with similar entities (DiMaggio & Powell, 1983). Thus, it is unlikely a regulator would choose to give up approval of the pre-licensure program if all similar regulators maintain this function.

This research study will be of interest to educational administrators who require familiarity with program approval (and similarly accreditation) and what it entails. Educational administrators are necessarily concerned with policymaking and compliance (Cooper et al., 2004) and respond to regulatory conditions (Spillane et al., 2011). If their educational institution offers a pre-licensure program, the administrators will want to ensure they allocate resources to ensure programs meet approval criteria so that their graduates are eligible to write their qualifying (licensing) examinations. Administrators should ensure that faculty are educationally prepared to teach and in turn understand what approval entails. Further, certain resources and services must be available to faculty and students. The specifics will vary with the program. If a program is not approved, why would a student knowingly enroll in that school? People may assume that because a school is open and offering a program that they will be eligible for the credential they seek (i.e., that the program is approved/accredited by the corresponding body).

My literature search, including PhD dissertations, did not yield any studies in this proposed area of research. Searches do produce many articles on self-regulation, professions, or accreditation. I found nothing on prelicensure program approval committees' composition or their members' competencies or characteristics. Spector et al. (2020) used even broader terms for quality of nurse education programs and had to widen their search to the grey literature. This expanded search included information on pass rates on national licensing exams, faculty preparation, number of clinical vs simulation hours, yet yielded fewer than 70 articles. These topics in their expanded search were not my focus. I was unable to find any research articles examining the preparation or experience of the NEPAC members. This suggested my study would fill a gap in what is known about this aspect of the pre-licensure education approval. I want to explore the qualifications and background of the NEPAC members of regulatory bodies, and their perceived (educational/learning) support needs to fulfill their responsibilities and whether or how these needs were met. Regulatory bodies, self-regulating professionals, governmental ministries (the state), educational administrators, and ultimately the public may benefit from this research. If this study's findings suggest that NEPACs conducting approval of pre-licensure educational programs are well-informed and qualified to evaluate these programs, then the public has some assurance that self-regulating professions are fulfilling their ethical and regulatory obligations in the public interest. If the findings suggest otherwise, then the self-regulating profession(al)s will need to act to make the appropriate corrections to ameliorate the deficiencies; or governments may choose to revisit self-regulation as a privilege granted to (select) professions. Findings will be a factor in answering the question: In whose interest do the professions regulate?

### **Problem Statement**

As is true for most discipline-based faculties, most nurse educators have little, if any, formal background or theory in the discipline of education (teaching-learning theory, assessment, or evaluation, etc.) and are hired to teach based on the fact they hold a valid credential (Crider, 2022; Shulman, 2005; Tarrant & Ware, 2012). A single course (or a portion thereof) in patient teaching at the baccalaureate level, and perhaps a course at the Master's level, may be the extent of their grounding in education. In the professions (specifically nursing and medicine) there is a call for increased focus on teaching and learning (Benner et al., 2010; Shulman, 2010; Shulman & Wilson, 2004; Steinert, 2019; Tarrant & Ware, 2012). Given this, how are the individuals who

comprise NEPACs qualified to oversee pre-licensure education program approval? Is the process employed by regulatory bodies for program approval in the public or self-interest? Specifically, I will explore the background and qualifications of the NEPAC members of regulatory bodies, and their perceived (educational/learning) support needs to fulfill their responsibilities and whether and how these needs were met. How does this align with self-regulation in the public interest? That is, do the NEPAC members come into their role and understand it as acting in the public interest. How is this strengthened or how do they reconcile their initial and final sense of competence and education as contributing to this end? How does the regulator contribute to the process of program approval?

### **Research Question**

The question in this qualitative study was, “What are the education and experiential characteristics of individuals who sit on Nurse Education Program Approval Committees and approve pre-licensure educational programs?” Given a dearth of research in this area, I have developed my own questionnaire after reflecting on and based on the literature I reviewed. As noted, this study is addressing a gap in the literature and no suitable interview schedule was found to use or to adapt.

The questions that will guide exploration include:

- 1) Education is one of the defining characteristics of a profession. Most preprofessional education of health professionals does not include a focus on the education process or on program approval. What motivates a member to volunteer for this position?
- 2) What linkages do committee members make between their role on the committee, the education approval process, and self-regulation in the public interest?
- 3) Given that the majority of members on the education approval committee are volunteers from the membership, how does their educational/experiential background or learning background ensure the process of educational program approval is in the public interest?
- 4) Do committee members have a sense of confidence about undertaking this task?
- 5) How does the committee member rate their knowledge of the process at the start of their tenure on the committee and when the approval process and work of the committee was completed?

- 6) What is the change in self-assessment of efficacy as a member of the committee from the start to the end of the process and what contributes to this?
- 7) What changes would NEPAC members and Chief Executive Officers (CEOs) like to see for program approval, or do they anticipate occurring?

Chief Executive Officers (CEOs) of the regulatory bodies will have different questions posed to them (Appendix F) than the NEPAC members (Appendix E).

### **Description of the Problem**

#### **Purpose**

The purpose of this qualitative study was to understand how select pre-licensure education program approval committee members, understand their (educational) preparation, experience, and characteristics and how, in the context of program approval, they meet their obligation to serve in the public interest. This study was comprised of interviews to explore personal experiences and insights to add richness to the understanding of approving pre-licensure education. I interviewed NEPAC members and CEOs of regulatory bodies of select programs (nursing programs in western Canada).

#### **Delimitations of the Study**

As a sole researcher, I had to keep my study manageable and thus set delimitations on the study. Delimitations are factors I can control. There are a limited number of people who are or have been members of a NEPAC; thus, I anticipated a small number of respondents. Response rates to interview invitations vary and Polit and Beck (2011) note they are typically low for surveys, and higher in interviews. I believed 8-10 to be a reasonable number of responses. After graduating from an approved program, as delineated by the Act regulating said profession, the graduate then must pass a licensing examination in order to apply for registration and/or licensing by the regulatory body. Although this process extends beyond health care professions (e.g., includes lawyers and engineers) I am delimiting this study to stay within the bounds of the healthcare field and within the nursing professions. I note that some professions use only an accreditation process whereby a body external to the regulator reviews and accredits the program and some use only an approval process. Others, use both the approval and accreditation process. In this study I focus on the program approval, not accreditation.

To reach these targets, I extended an invitation to participants to approval committee members from all the nurse regulatory bodies in western Canadian provinces —Manitoba (MB),

Saskatchewan (SK), Alberta (AB), British Columbia (BC). This choice was simply based on geography.

Four (current) CEOs participated and as noted, I used a different set of questions with them. I believed they may have had a longer association with the regulatory body spanning more than one approval cycle and might have offered some insights not available to committee members serving limited terms. Additionally, I believed the CEO cadre may have offered some historical or contextual perspectives to the principles and process of program approval.

I deliberately excluded public representatives and anyone without the necessary experience of serving on a NEPAC. I included any regulated, licensed member of a regulatory body, who has been on a NEPAC for any number of approval processes or any portion thereof. Thus, they may be in an early phase of their first approval process, or they may have served on the committee for a number of years or a number of times.

The use of Zoom for interviews may preclude a real appreciation of the interviewees' setting owing to the limited camera angle and likewise a lack of ability to fully experience and assess the context of the interviewees setting.

To summarize, the delimitations of my study are:

- Number of persons interviewed
- Geographic limitations
- Public Representatives on committees were excluded
- Use of Zoom for interviews

### **Limitations of the Study**

In contrast to the delimitations, limitations are factors that are beyond my control. Embarking on this study, factors I envisioned that may have limited my study, included not gaining access to a regulatory body's program approval committee members. There were at least two reasons I anticipated this happening. One, I could be seen as an outsider with no assumed reason to be researching in that area. I can see this more readily happening with non-nurses, that is, lawyers or engineers where although I may be a professional I am clearly, not 'one of them.' Two, it could be that professionals are sensitive to anyone outside their own regulatory body (same profession, different province for example) who might be viewed as a threat. Professions are comprised of persons and although some would welcome this type of inquiry, some people are not fond of others examining their knowledge, skill, ability, or competence. There may have

been a lack of interest in participating, or a real or perceived lack of time or scheduling conflicts that are barriers to participation. Additionally, time zone differences, shift work, and the reported burn out of nurses during and post-COVID cannot be overlooked.

The imposter phenomenon (IP) has been a concept I have been familiar with since my earliest psychology courses. Clance and Imes (1978) are credited with first describing or naming this and recently Neufeld et al. (2023) reported on the imposter phenomenon affecting 60% of physicians. Naturally, some individuals are open to and ever-striving to improve and grow as described by Dweck (2006) in presenting growth, as opposed to fixed, mindset characteristics. Others may be expecting or waiting for judgement and may be concerned with being found as not measuring up. Like the Wizard of Oz, they may fear anyone throwing back the curtain and revealing them as an imposter. Thus, being sensitive to the language I use, my approach is crucial. Of course, any profession's regulatory body could not grant me access for reasons I have not considered.

Canada, even western Canada has a vast geographic area. Travelling to meet and interview people face-to-face is time intensive. Although my preference is in-person meetings my ability to do so was limited by time and travel. Given the technology available to us today, these shortcomings were mitigated by using Zoom.

In sum, the limitations of my study are:

- No access to regulatory bodies' NEPAC members
- Members or CEOs of respective regulatory body reluctant/unable to participate (impostor syndrome), time constraints
- Experience as a member of the respective NEPAC.

### **Definitions**

I have used several terms in specific ways in this paper. To add clarity to these terms, I am including the following definitions.

A *College* is granted the authority by the state to govern its members. It sets out standards of practice, competencies, educational requirements, and investigates and if necessary, disciplines its members when complaints (of a non-criminal nature) about a member's practice are brought forward. Also referred to as a *Regulatory Body*, I may use the term *College*, *regulator*, or *regulatory body*.

*Nurse* is a generic term for a licensed practical nurse, registered nurse, or a registered psychiatric nurse. Nurse Practitioners (NPs) are a separate category. NPs typically have a Master of Nursing practice degree. They have a higher level of education than a Registered Nurse (RN), and their Acts recognizes them as a separate category of licensure. They have been subsumed under and referred to as (an) RN(s) in this study. No NPs were included in this study. Thus, I refer to three (not four) categories of nurses. In most of Western Canada, there are separate educational programs and regulatory bodies for each of these types of nurses. BC is the exception where there is only one regulator. When it is appropriate, I specify which of these groups I mean; at other times, I refer to the profession of nursing as a whole. Generally, because of the small number of participants, I will identify and refer to them as nurses and as regulated health professionals. The other point I want to underscore is that, contrary to popular belief, it is not true that a nurse is a nurse is a nurse. Each type of nurse has title protection.

*Professions* are an institution. Professions can be thought of as groups of people with similar post secondary education within their designation or occupational group, combining ethics and serving in the public interest as a civic (read professional) duty (Adams 2022b). Freidson (1988) defined a profession “primarily as a special status in the division of labour supported by official and sometimes public belief that it is worthy of such status” (p. 187).

*Professional Associations* within nursing, provided a dual mandate of regulation, and some member perks (e.g., supporting education opportunities). In this model, there was a dual mandate. Currently, within Canada, regulators are single mandate (protection of the public) and most are known as a College, though there are a few instances where the change in name has not been through legislative changes.

*(Program) Accreditation* a review or audit of a program by an external body. This is presumed to be unbiased and an assurance of quality. Accreditation of Canadian nursing programs is voluntary.

*(Program) Approval* typically approval of a preprofessional program (in Canada) is a process mandated by the Act for the regulatory body for that profession. Although the regulator may (and often has) contracted-out the actual audit; the resulting report is reviewed by a committee, sent to the governing council with recommendations, and the governing Council approves the program based on the NEPAC recommendations or decision. For graduates to qualify to write the



licensing exam, they must have graduated from an approved program. Thus, program approval is an important designation.

*Union* in the '70s the nurses' professional association was sued in a Saskatchewan court. This resulted in a separation of the function of a (trade) union from the regulatory function and the creation of the Saskatchewan Union of Nurses (SUN). In Canada, the union functions were removed from nurses' professional associations. This may not be true for all professions where these functions remain combined.

### **Assumptions**

The following assumptions are made by the researcher:

- Colleges have a mandate to self-regulate in the public interest and keep that principle at the forefront of their daily operations.
- Colleges ensure compliance with their respective Acts and Regulations (Bylaws).
- Colleges draw from their membership to fill voluntary positions on governing council and various committees (this may exclude any public representatives on the Board typically appointed by the government).
- Colleges assess or seek out knowledge, skills, and competencies of members to fulfill statutory functions and provide education where it is lacking.
- Education approval committee (NEPAC) members are not specialists in education or in program evaluation.
- NEPAC members want to fulfill their role competently and expect that they will be provided with the appropriate information to do so or will seek it out where it is not provided.
- I assume the participants will tell the truth (recognizing the peculiarities of memory) and that they will participate in good faith and have no vested interest in telling a story contrary to the events.

### **Researcher Background**

During my education as a psychiatric nurse, I was very much exposed to the humanistic tradition. Each of my psychiatric nursing instructors consistently role-modeled a humanistic approach in working with the students (this was in sharp contrast to our non-psychiatric-nurse nurse faculty who did not operate from a humanistic paradigm). In my first year of university, I was in an Introductory Psychology course for people majoring in psychology. In my small class of 12 students, we were exposed to information differently than those in a class of 350 (in which

I began the course until I requested a move to a smaller section). In my university psychology courses, as well as courses in my psychiatric nursing education, I was introduced to the concept of each person having their own phenomenological field from which they related to the world and others. Thus, for many decades, my thinking, way of being, and relating to others has been significantly influenced by these approaches. Thorne (2016, 2020) included this as disciplinary knowledge the researcher brings to the table and characterizing it as a source of richness for research when appropriately focused.

My personal characteristics and background affect the study. I am a Caucasian, middle-class, urban woman. I am well-educated and currently have one license to practice nursing but for 35 years I held two professional licenses to practice nursing. I have been involved in education (including patients, staff, nurses, or students in various pre-licensure disciplines) for some 30<sup>+</sup> years, 18 years as a nurse educator. I have been actively involved in my professional associations and am interested in the education of nurses. This interest has translated into serving on many boards and committees including advisory committees of nurse education, education and evaluation-planning committees, and pre-licensure education program approval committees. I have also served as chair of the Finance, Personnel, and Legislation and Bylaws Committee, and the Continuing Competence Committee. I served on two university Senates (one for 12 years and one for 2 years) representing one of my professions. I also served as president of one of my professional associations. I was a member of the Board of Directors for my city's Public Library for 6 years. These activities have given me a broad perspective of regulatory bodies and of educational institutions and some aspects of the relationship between them. I have not been involved in the accreditation visit to or of a health facility or nurse education program as a surveyor. However, I did coordinate, both at the provincial and national level, the accreditation of physical health services in Canada's 53 penitentiaries. I have served as an informant for the accreditation of a health service facility, and of a nurse education program.

My Master's of Adult Education research focused on the continuing competence of nurses. My work served as the basis for the College of Registered Nurses of Saskatchewan's Continuing Competence Program.

I have decades of experience interviewing (and counseling individuals) on sensitive and intimate topics as a registered psychiatric nurse. Interviewing comes relatively easy to me; I can formulate questions as a matter of course and not rely on a script. I am comfortable with silences

waiting for an answer. I am also able to refine questions to probe more deeply and ask clarifying questions to go beyond content to meaning. This strength may be seen as a weakness. I may stray from my planned questions and generate information that is unnecessary and outside the scope of the interview, resulting in an unwieldy amount of data to analyze. That said, some researchers (Richards & Morse, 2023; Weller, 2015) suggest that it is better to have more data than what you need. This extra data may be useful in further studies or analyses though I have no plans to use my data further. I am also a skilled (group) facilitator both of counseling and educational groups. I have also facilitated sessions for interest groups and governance boards.

### **Organization of the Dissertation**

This dissertation is comprised of 6 chapters. In this introductory chapter, I have provided a background to the research problem. I introduced the study problem providing some information on preprofessional program approval.

In Chapter Two, I examine the literature related to key theories and concepts underpinning the study. This sets a foundation or structure in which to contextualize or frame the problem for study. Topics on which I focus are institutions, professions, self-regulation, education, and learning.

Chapter Three contains an account of my research design including the methodology and method. Here, I discuss my research design, data collection, data analysis procedures, trustworthiness, and ethical considerations.

In Chapter Four, I present my analysis of the participant data. This data has been cleaned or denaturalized and irrelevant information removed. Gender neutral pseudonyms are assigned. It was my intention that these two actions facilitate a smoother reading experience for the reader. Note, I alternate the spellings of Bobby (Bobbi) and Stacey (Stacy) because spelling sometimes denotes gender.

Chapter Five includes the analysis, interpretation, and synthesis of my data. I identify my themes constructed from the data and against the literature review.

My findings, recommendations, and limitations are found in Chapter Six. I conclude the chapter with personal reflections as a researcher.

## **Chapter Two: Literature Review—Reflecting on the Problem**

In Chapter One, I presented the background to and purpose of the study, along with the research question. The purpose of this study is to understand the (educational) preparation, experience, and characteristics of NEPAC members and how, in the context of program approval, they meet their obligation to serve in the public interest. In this literature review section, I delve into key areas foundational my study. This select review is not exhaustive of the literature areas I believe relevant to my study. I have not found any research specific to this particular area and believe this study will fill a gap in the literature.

Theoretical or conceptual frameworks can be useful to show relationships and to connect the threads to stitch together a story. Qualitative research is naturalistic and founded on multiple versions of reality, consistent with my constructivist worldview. Ravitch and Riggan (2017) and Garvey and Jones (2021) explored issues around the use of theoretical frameworks in qualitative research. Two concerns that Garvey and Jones discussed stood out for me; one, the potential to curb discovery in trying to fit findings into a predetermined mold and two, conversely, it can help prevent the researcher from ignoring messy or inconvenient relationships amongst ideas. Care must be taken when interpreting or explaining findings in the context of the elements of the framework to avoid these pitfalls. I begin by exploring institutions specifically professions and education. This is followed by an examination of professional associations, self-regulation, program evaluation, and learning.

### **Institutions**

Institutions are ubiquitous and foundational to our social life. When thinking of institutions people may summon to mind a physical structure be it a school, a bank, or a church for example. The average person might not consider education, banking, or religion, that is, the service offered in the building, in and of itself, or something even more removed and as intangible as marriage, as an institution. Careful attention to use of language, however, may reveal that same person in the workplace, asking, “When are we going to institute that?” or the person on the street likewise may exclaim, “It’s an institution!” when referring to something other than an edifice (e.g., marriage). In this way, institutions are viewed as a process or a behaviour pattern, not a structure.

Regulated health professionals and other occupational groups working in the area of long-term care, corrections, or psychiatry may comment that a particular patient is

institutionalized. On the one hand, it implies that the person in these facilities behaves in expected and customary ways, following the routines and rules, written and unwritten, without question, without conscious thought. However, although this may reflect a compliant, easy to manage person while they are in that setting, it might not bode well for that person when they leave that setting and then have to adapt to new routines and rules or create their own routines in the absence of those in the hospital or prison. This vignette is illustrative of Berger and Luckmann's (1967) use of the term institutionalization and Zucker's (1987) assertion that alternatives (behaviours) might indeed be unthinkable. This habituation, or taken for granted aspect of behaviour, is complementary to this particular operationalization of this term. Our use of language reveals how subtly the concept or connotations surrounding institutions are embedded in our everyday life. Some difficulties arriving at a singular definition are that institution might refer to any of the common uses such as stable patterns of behaviour, a building, place, or organization, or institutions are equated with rules (Currie et al., 2021). These various definitions can make it confusing for a reader. For this study, I define an institution as a social construct comprised of patterns of behaviour that are reciprocated and enduring.

Berger and Luckmann (1967) posited that the first step, habituation, both precedes and leads to institutionalization. Repeating behaviours in a particular way can decrease cognitive load and free up our minds to attend to other things. Habituation leads to a psychologically economical benefit by narrowing, even eliminating, our choices. When responses to our words or actions are similarly patterned or reciprocated, this is the basis for institutionalization (Currie et al., 2021).

Tolbert and Zucker (1996) further examined these processes and extended them. They linked Berger and Luckmann's (1967) notion of externalization or exteriority with objectification. This next step, objectification resulted in meaning being shared. The measure of exteriority will correlate with how strongly these rules or habits take on a life of their own and that people then act in accordance with them. Tolbert and Zucker refer to this process as sedimentation.

Institutions, and the study thereof, is an approach that underpins and complements understanding professions and education. A sustained interest in institutions and institutional theory has been significant and is an important factor in contributing to the study and understanding of our social world. Scott (1995) **defined** institutional theory, "...consist of

cognitive, normative, and regulatory structures and activities that provide stability and meaning to social behavior. Institutions are transported by various carriers—cultures, structures, and routines—and they operate at multiple levels of jurisdiction” (p. 33). Scott studied and wrote widely on institutions and was a central figure in the field. More recently, Currie et al. (2021) noted a variety of definitions of institutions and simply described institutions as human created rules around social interactions.

Interestingly Hall (1992) placed institutional theory (IT) within organizational theory and noted its relative absence in the literature. According to Hall, there were four influential strands for IT in Scott’s (1987) work, (a) sociological influences of significant life areas (religion, education, family; (b) had its genesis in Selznick’s (1948) Tennessee Valley Authority (TVA) study and focused on infusing values into organizational practices, (c) Meyer and Rowan’s (1977) article on formalized structure and myth and ceremony, and (d) DiMaggio and Powell’s (1983) isomorphism.

Selznick (1948/2011) described cooptation as a process defense mechanism whereby an organization takes in some new element to protect itself. It is seen as a positive adaptation in the spirit of cooperation that contributes to an institution’s survival. Meyer and Rowan’s (1977) assertions aligned with this notion in that when responding to uncertainty, imitation (mimesis) is a strategy that helps to gain legitimacy.

Meyer and Rowan (1977) argued that institutionalized rules led to much of the structure found in organizations. The offering of products or services sees the concomitant creation of policies, programs, and professionals. Meyer and Rowan asserted that formal structures in organizations are not rational. Rather, they arise from institutional ways of behaving which they equated with myths. These myths did not necessarily add to productivity or efficiency (Currie et al., 2021); but served to gain the appearance of, and eventually, legitimacy. In turn, stakeholders such as other suppliers, customers, and regulators enfolded them in with other organizations within a field.

To distinguish between the day-to-day functioning and formal structures, Meyer and Rowan (1977) used the example of an organizational matrix which reveals nothing of the quotidian routines or who accomplishes the work in an organization. They asserted that programs and policies are maintained by demands of stakeholders and that their legitimacy and importance are reinforced via diverse forces ranging from the socially endorsed to those upheld by the

courts. There may be the appearance of similarity, but the practice may not reflect this depiction. In this study my participants' responses reveal differences and recent changes in the program approval process and in most cases, a move toward increasing similarity.

Weber's influence on DiMaggio and Powell (1983) was evident by their drawing on his metaphor of the iron cage in title of their own work. Weber (1947) posited that over time reason and rationality substituted for values or motivators in society and, by extension, institutions. He asserted that capitalism and bureaucracy would become prominent and social order reliant on non-elected workers not rulers or oligarchs. In his view, capitalism replaces the tradition of work as a calling. Thus, metaphorically, rationality confines workers to an iron cage.

For Weber (1946/2011) competition between three drivers; (a) (nation) states, (b) amongst marketplace (capitalist) firms, and (c) a demand for equal protection under the law by the middle class, contributed to bureaucracy. Bureaucracy generally referred to public service or enterprise whereas office referred specifically to private ones. Bureaucracy could be reproduced, efficiencies gained, and productivity increased. Weber opined that written rules or procedures made available or transparent how decisions were made were a strength of bureaucracy. Data I collected in this study illustrates this. I was offered the program approval framework for review. Many respondents described moving to adopt the process used by the College of Nurses of Ontario (CNO).

DiMaggio and Powell (1983) confirmed that bureaucracy had indeed become successful and was prevalent and increasing in society. Instead of competition or efficiency driving organizations and organizational change, DiMaggio and Powell framed their argument for increasing organizational similarity as driven by institutional forces.

DiMaggio and Powell (1983) theorized four structuration criteria for an organizational field; (a) distinct forms or structures of power and control and alliances emerging between organizations, (b) organizations within a field increasing interactions amongst themselves, (c) an increasing reciprocal consciousness of common endeavor amongst the members of an organization field, and likewise, (d) organizations managing an increasing volume and complexity of information. In their analysis DiMaggio and Powell stated organizational fields constitute identifiable pockets of our life. Some examples they give are regulators, supply chain players, and consumers. Presented as such, one may appreciate aspects of their connectedness

and their structural equivalence. I provided an example of item (c) in the preceding paragraph as it relates to this study.

DiMaggio and Powell (1983) asserted that as time passes, organizations become more similar in their structure despite adopting new practises or the entry of new players to the arena. Isomorphism means equal or similar structure and is wrought by various influences. Three analytic types of isomorphism discussed by DiMaggio and Powell are mimetic, coercive, and normative. Bromley and Orchard (2016) posited that these three forces are useful for analysis and that they are not necessarily distinct. A single carrier can affect or be seen in all three.

Mimetic forces yield standard responses from an organization facing uncertainty (DiMaggio & Powell, 1983). Organizations look to what other organizations in the field are doing and imitate them. Adopting what others are doing might not be a good fit for a company, in terms of efficiency (Currie et al., 2021), but as DiMaggio and Powell (1983) postulated, the organization's underlying belief is, if it worked for Company ABC, it would also give us legitimacy. Lenz and Viola (2017) have developed a cognitive model of legitimacy as an alternative to a congruence model because the latter does not account for how some organizational changes are effected.

According to DiMaggio and Powell (1983) coercive pressures commonly have roots in laws or regulations. There are anomalies and difficulties that surface when these are enacted. When governments pass legislation (coercive), it typically applies to all organizations equally, even when they are not equal players in the field. Exemptions may be made; a new building code will only apply to new buildings, or to buildings constructed after or before a certain date, or heritage buildings may be exempt. In other instances, there is no relief for outliers, potentially leading to unintended consequences.

The third and final pressure or influence, akin to culture, is normative. In this study, normative isomorphism is associated with professionals and the values of their profession (DiMaggio & Powell, 1983). Seen commonly in professional organizations or as a part of professionalization, pressure is not imposed from outside as in the case of coercive or state regulation, but from the individuals within. Powerful norms are at play to keep members in line with ethics and group norms or rules, even when they are unwritten. These may be learned as part of the hidden curriculum in a student's pre-licensure education program and as a part of the socialization into a profession (Bosher & Pharris, 2009; Renkema et al., 2023).



Scott (2001) labeled the carriers of the three pillars that undergird his theory as regulative, normative, and cultural-cognitive systems that correspond to these isomorphic forms. These move from what can legally be enforced, to the conscious – unconscious continuum, to the taken for granted (it’s the way things are done around here). In my analysis I use participant responses that illustrate these institutional carriers shaping professionals’ thinking and behaviour.

Before moving on to the next major section, I will briefly comment on organization theory. Institutions are sometimes called organizations and vice versa and lack of a common definition leads to confusion between the terms. Scott (1996, 2001) stated that the connecting of institutions and organizations dated back to the 1940s by theorists such as Weber and more recently Hall (1992). Like institution, organization(s) is another term with myriad definitions. Organizations are purposefully formed to achieve some goal(s). Whereas organizational behaviour is governed by rules and regulations (akin to coercive forces), institutions have customs and values governing their behaviour (more of a cognitive-cultural feature). The growth, development, and study of organizations is sometimes interwoven with that of institutions (Hall, 1992).

Bolman and Deal (2021) advanced four frames through which to consider organizations. They are the structural, human resources, political, and symbolic. The corresponding informal names of the four frames are “factories, families, jungles, and temples (p. vii).” These summon to mind an apt visual aide memoire for each of the four frames.

The Human Resources Frame, rooted in sociology and organizational psychology is concerned with an alignment or good fit between the organization and its employees. Organizations taking this approach will invest in building relationships between employees and meeting the needs of individuals. Content employees are believed to contribute to a team that fully engaged with the aims of the organization and function productively in meeting these ends. Providing orientation (onboarding) and ongoing training will are factors that will avert problems in meeting organizational goals.

The Political Frame has its roots in political science. From this view, power and resources are scarce and competition for these can result in conflict. Regulatory bodies have gained their power from the state and their ongoing role and functions are shaped by legislative changes. Regulatory bodies should be small ‘p’ politically astute and advise and liaise with the government of the day to share information about trends in their respective areas and potential

changes. Within a regulatory body this frame focuses on the values and beliefs of individuals, their roles, and with whom they might form alliances to advance their interest. Problems in organizational function arise when power or resources are not appropriately allocated. In my study I am interested in the regulatory body fulfilling its mandate of meeting the public interest rather than analyzing the inner workings of it as an organization.

The Symbolic Frame arises from social and cultural anthropology. Its informal names include theatre and carnival in addition to temple. Features such as ceremonies and symbols are key. These features align well with the DiMaggio and Powell's (1983) cognitive-cultural isomorphism carriers of organizations in Scott's (2001) institutional theory. Although the state may want its programs to receive recognition, the regulatory body itself is not being evaluated per se, it is conferring recognition on education programs which may receive state funding. That said, a regulator can be in the crosshairs of unfavourable public opinion which can reverberate back to the government. Researchers such as Allsop (2006) reported that public outcries were focused on disciplinary outcomes of members not being adequate and the state was called on for reforms. This is consistent with this frame's (theatre) view that problems arise when actors fail to play their part.

The Structural frame has its roots in sociology, as do institutions, and organizations are viewed as machines or factories. In this frame goals, are achieved when roles and responsibilities are clear with little or no overlap, efficiency is important. Although I might have chosen to use any of the frames for this study, I chose the structural frame. I view two tenets or elements of Bolman and Deal's structural frame as particularly relevant for this study. One, that the *raison d'être* of an organization is to achieve goals and objectives (in this case the public interest) and two, that rationality should take precedence over personal agendas (self-interest), or pressures applied from outside the organization.

In the foregoing section I focused discussion on institutions as a sociological construct. Scholars, notably Scott (2001) viewed professions as an institution and a significant force in shaping society. The process of institutionalization was discussed including views from theorists such as Berger and Luckmann (1967) and Tolbert and Zucker (1996). This subtle process results in often tacit rules that govern much of our daily behaviour. Meyer and Rowan (1977) outlined the significance of how these rules governing behaviour led to much of the structure found in organizations. Weber (1947) elaborated on structure and consistency in his theorizing on

bureaucracy. Consistency (and replicability) is most easily achieved when these rules and procedures are written and available to others. The work of DiMaggio and Powell (1983) complements Weber's work. They posited that organizations become more similar (isomorphic) over time, not more diverse despite their different endeavors. In the next section, I examine the institution of professions. I explore definitions of profession and highlight select aspects of a profession.

### **Profession**

Many occupational groups have sought and achieved the status of professional though not all have been successful in achieving this end (Adams, 2010). In much of the literature, professions are classified as an institution. In this section, I trace the history of professions and self-regulation.

Scholars construct or operationalize terms for their use. As a working definition of profession, Abadi et al. (2020) stated, "a profession can be regarded as a specialised, knowledge-based and legally self-regulating occupation that renders its services to the public and society through a complex reciprocal relationship based on competence, recognition and trust, and characterized by several common attributes" (p. 8). This is my preferred use of the term for this study.

Freidson (1988) noted, the term profession is both descriptive and evaluative making definition problematic. Like Freidson, Smeby et al. (2011) characterized the term as descriptive and stated that it might apply to any occupational group using "abstract knowledge applied to particular cases" (p. 1) and labelled the term profession as normative. Freidson and Smeby et al. argued that depending on whether scholars favoured or were against a power approach to professions, the former would emphasize a Code of Ethics and Standards; and conversely, the detractors would focus on the monopolistic and financial gains of the professions. Scott (2001) summarized that professions used their power far beyond what unions might lobby for, namely conditions of work. Freidson suggested that any group seeking special status as a profession is likely to portray and consider themselves in the most promising light.

Professions aimed to influence institutions and their very frameworks to define the work itself. They sought control(s) through the shaping of the regulative, normative, or cultural-cognitive pillars. Respective examples include controlling what is allowed, disallowed, and

corresponding sanctions; who can take action, in what situation; and the issues and circumstances under which they will deal with them (Crawford & Ostrom, 1995).

Abadi et al. (2020) reviewed approaches taken to defining a profession encompassing an array of synonyms that added to the confusion. An early scholar in the field, Greenwood (1957) used a trait approach. Saks (2012) argued the criticisms of the trait approach as advocating an ideal, not the existing state. Gorman (2014) went further and asserted that the model of self-regulation as we traditionally envision it, was and is an ideal, and not reflective of reality.

Wilensky (1964) utilized a process-oriented approach to the historical progression of occupations to professions. Others, such as Barber (1963) used an approach describing the function of professions in society or how members interacted with society, noting the orientation of a profession to the interest of the community or as public good over self-interest. Also referred to as structuralist approaches, Brante (2011) traced these functions to Durkheim and noted these are sometimes called a consensus or naïve approach. Structuralists focus on professional associations and legal supports (e.g., legislated acts, licensure, certification, which I refer to as structural elements) which would fall under Scott's (2001) regulative and normative pillars. Abbott (1988) and Freidson (1988) each had a focus on power although they were not identical. Brante deemed these power or conflict-based approaches as rooted in a Weberian tradition. In her research, Adams (2010) reported that overall, this focus on power did not gain much traction in the literature. There is evidence that over time the privilege resulting from power enjoyed by some professions has been abused and I address this later in the paper.

Adams (2010) and Saks (2012) each concluded that attempts to define a profession based on traits or characteristics were dominant during the '60s and '70s and then fell out of favour. Beyond Freidson's (1988) assessment of defining professions as problematic, Adams further determined that the term is used in various ways across geographical locations and through time. This lack of consensus makes it difficult for researchers and occupations aspiring to be professions to pursue these ends without a standard definition (Abadi et al., 2020; Adams, 2010; Saks, 2012). Brante (2011) added that this lack of common understanding impeded communication between researchers amongst others.

Professions had their origins in guilds and crafts (Brunke, 2014; Freidson, 1988). The original occupations designated as professions included the Clergy, Law, and Medicine (Flexner, 1915/2001). Historically, members of the military (largely displaced aristocrats), the clergy,

professors (historically clergy), and the civil service were long classified as a profession (Adams, 2010; Schultze, 2007; Wilensky, 1964). Generally, Medicine and Law, classed as the free professions (Wilensky, 1964), have been the two professions predominantly touted as exemplars in the literature. Given the narrow focus on these two professions, Adams (2010) exclaimed surprise to find 36 professions had been regulated in five of the Canadian provinces, dating from before confederation (1867) to 1961.

Several researchers have tried, without success, to agree on what constitutes a profession. Flexner (1915/2001) posited the following: (a) that professionals' work is more intellectual than physical, (b) through a quality education, the requisite body of knowledge can be taught, reproduced, and, based on new information, updated; (c) members of a profession are well organized, (d) are held accountable to high standards, (e) have a collective conscious, and (f) their knowledge is practical and theoretical with research contributing to the refinement and evolution of both aspects.

In 1968, Hall rendered his seminal work on professions and suggested five attitudinal criteria of a profession; (a) members had as a primary point of reference the professional body, (b) a sense of autonomy in practice, (c) a commitment to public service, (d) a belief in self-regulation, and (e) a sense of a calling to the field.

In this section I examined defining and persistent criteria of a profession include possessing a discrete body of knowledge, standards of practice, and a code of ethics (Black, 2023). The study of the professions has been viewed through various lenses leading to lively discussions of what constitutes a profession. Theorists have used lenses of power and conflict, with others studying traits and characteristics. Three enduring commonalities identified are the specialized and lengthy education (seen as apprenticeship in the guilds or crafts), autonomy in practice, and a code of ethics (Hill, 2000; Broscheid & Teske, 2003). Professions have filled an important and at times controversial role in society.

### **Professions and the Process of Professionalization**

Larson (2022) asserted, "Professionalization is thus an attempt to translate one order of scarce resources—special knowledge and skills—into another—social and economic rewards (p. xvii). Most of the literature on professions stems from the USA, the United Kingdom (UK), along with Canada in the top 10 countries (Bourgeault et al., 2009) contributing to the research. Rather than defining what a profession is by listing traits, some scholars take the approach of

describing the process of professionalization. Wilensky (1964) did both. In this section, I will focus on a selection of steps common to Wilensky and Hofoss (1986).

Wilensky (1964) listed five steps and Hofoss (1986) contended there were six stages to professionalization. Of note, Hofoss' work is specific to health professions in Norway while Wilensky's is not specific to an occupational sector. In his work examining professions or occupations in the USA, Wilensky did not assert any rigidity to the ordering of steps; thus I likewise present the steps without regard to their order. The six steps are: (a) practitioners work fulltime in the discipline; (b) they consider themselves by a particular title (Hofoss only); (c) they promote the organizing of members into occupational associations; (d) they set codes of ethics; (e) they develop standards, identify their body of knowledge, and set requirements for education programs (typically provided in post-secondary institutions); and last, (f) seek legal protection to limit the practice of the discipline to their members through government authorization.

Professionals have espoused values with respect to their relationship with clients, each other, and society. This is aligned with professions' codes of ethics and their social contract with society.

Greenwood (1957) and Wilensky (1964) both gave special attention to the relationship between a professional and their client. Greenwood in particular noted that a customer was someone who knows what they want or need and searches for a provider of the service. They are able to judge the quality of the service or product. He asserted that the maxim—the customer is always right—applies to non-professionals. By contrast, clients seeking the services of professionals lack the requisite knowledge to determine what they need (Chaserant & Harnay, 2015; Harrits & Larsen, 2021). Clients place a great deal of trust in the professional, sharing confidences because of the trust implicit in the relationship. “The client's subordination to professional authority invests the professional with a monopoly of judgment” (Greenwood, 1957, p. 48). Harrits and Larsen (2021) investigated this further and proposed that in the present time, with increased access to information, this deferring to professional authority was attributable not simply to trust in the professional, but to the legitimate complexity (Starr, 2017) of the knowledge that professionals held.

Greenwood (1957) further noted that the professional must refrain from abusing their power over the client and take care to respect the client's vulnerable and dependent position.

Wilensky (1964) likewise addressed the service ideal where the client believes the professional will put their best interests first. The professional must be objective in meeting the client's need, will maintain confidentiality, and is bound to serve all clients—they cannot pick and choose. Greenwood also asserted, providing service to the client may come at some cost to a professional's personal life demonstrating that the work of the professional is akin to a calling. In the foregoing, I have noted the relationship between professionals and society as part of the social contract. In the next section I focus on this relationship.

*Self- vs Public- Interest.* Professions purport to act in the public interest. A professions' relationship to society is of particular note and heralds back to guilds carving out a monopoly for their goods or services. Historical accounts of the development of professions recount that members of guilds wanted to protect the public from substandard work (Brunke, 2014). That it would likewise protect the guild members' reputations vis-à-vis the quality of their work (self-interest) was not the focus of arguments they advanced. From medieval days the rationale evolved to focus on the complex or sophisticated nature of the knowledge professions had mastered and the notion that the client could not determine their own need, nor judge the service quality was put forth as noted earlier (Chaserant & Harnay, 2015; Harrits & Larsen, 2021). Dixon-Woods et al. (2011) pointed out that it remained the professions putting forth the argument, not the public clamouring for protection. Historically, it may have been an easier selling point for professionals given the level of education at that time than it would be today. I suggest that in customers may not be demanding or asking for this until something goes awry. Then, they may lobby for r demand someone be held to account. That said, there is also an increasing complexity to professionals' knowledge and its application. Just because information is easily available, does not make it comprehensible. Although the general literacy and numeracy level and rates are tracked and published periodically by many countries, health literacy is a special subtype, as is true for the language of any profession. There is still a disparity of knowledge and specialty language between professionals and the public (Harrits and Larsen, 2021). Acting in the public interest is an enduring rationale carried forward as an increasing number of occupations seek professional status (Adams, 2010). As groups seeking professional status began to shift to specialized and intellectual knowledge, these reasons were added to and intensified the argument for self-regulation.

Self-regulation in the public interest began with occupations providing public protection as altruistic rationale and in theory should have no downside. As good citizens and members of the public, we should all give thoughtful consideration to causes and interests because these are central to policy- and decision- making (Stone, 2023). There are many lenses through which to consider any interest including self-regulation. Some regulatory bodies whose function is not purely regulatory but combines some benefits to members (e.g., continuing education) may be seen to be acting in the members' interests, not the public's. Stone (2023) noted that self-interest is not necessarily selfish. These hybrid bodies tended to exist where the membership of the regulated group is small and costs to separate these functions to be managed by different bodies may be prohibitive (Personal communication, J. Nilson, LLB, June 1998; Schultze, 2007). Increasingly, in Canada, even in the smaller provinces the move to separate these mandates in nursing Colleges is evident. Regulatory reform (coercive forces) requires this change.

Using the example of physicians, Ludmerer (1999) discussed the social contract between self-regulating professions and the public. Professions were granted self-regulatory status in exchange for providing service to the public (Van den Bergh, 2007). Stone (2023) discussed public and private interest. She differentiated between social costs and private benefits, and social benefits and private costs. In her *polis* (city-state) model, *polis* problems are common problems, as opposed to the market model where this is not so; that is, problems tend to remain private. Within the *polis* model, cooperation and loyalty can moderate or overcome the gap between self- and public-interest (Stone, 2023). Thus, loyalty was seen in the self-regulating professions and cooperation between government, the regulatory body, the educational institutions offering the pre-licensure education program, and in professionals fulfilling their social contract.

More recently, Harris (2017) posited physicians were not good at holding up their end of this mythical contract that never really existed. Harris asserted the social contract was a flawed metaphor and should be retired. This sparked disagreement in the literature and scholars have not fully abandoned the term. In this study with nurses, I examine whether they are upholding the social contract (i.e., acting in the public interest) in carrying out program approval.

### ***Self-Regulation***

Over time, occupational groups have pursued professional designation and self-regulation with varying degrees of success. From their beginnings in guilds, to the present, professional



associations continue to be a commonly discussed and enduring characteristic of a profession and form a part of the process of professionalization (Adams, 2009; Schultze, 2007).

Professional associations historically were comprised of members of the profession, and they may have had staff to fill administrative roles. Guild members came together out of a sense of honour and to provide a quality service or product common to their brotherhood (Brunke, 2014) thus appealing to altruism and protecting the public from substandard goods or work. Generally, professionals organized to control who was admitted to their group (Adams, 2016; MacDonald, 1995). Professional associations were formed to lobby on behalf of members to obtain certain rights and privileges, chiefly market control and social mobility (Chaserant & Harnay, 2015; MacDonald, 1995). They sought formal state approval for autonomy and authority over members in their jurisdiction and set standards to carry out their state-delegated power over their members. These powers included education programs and control over them, legislation to control who gets admitted to the association, and control over disciplining members. (Adams, 2010, 2016; Wilensky, 1964). These legal structures served social (exclusionary) closure (Adams, 2016; MacDonald, 1995) to the profession.

If the assertions by Van den Bergh and Faure (1991) are true, then one of the solutions available to the public, as put forth by Stone (2023), is changing the membership of the group making the decision(s). Having the state assume regulation would be a change of the decision-making group for the professions but may not be desirable. As Van den Bergh and Faure, and Brockman (1998) noted, government does not and would not have the requisite knowledge of any one profession to begin regulating it, let alone several or all of them.

An option for governments is to add one or more members of the public to the governing board. This has occurred in a variety of jurisdictions for reasons ranging from bad actors, to violating the terms of the social contract, to criminal behaviour. Over at least the last 40 years in Canada, members of the public have been appointed to the boards of professional bodies. In Ontario, the passing of the umbrella *Regulated Health Professions Act*, 1994, allowed for public representatives to compose up to half of the board. This may help to ensure the public- not professionals' self- interest remains as their *raison d'être* and is consistent with Bolman and Deal's (2021) structural frame as previously stated. The government has not taken over responsibility for the regulation of these professionals, but enacted law or policy to constrain them. Zacharias (2009) argued that self-regulation, especially in the case of lawyers, is a myth.

For lawyers, it is not only the state but the courts that regulate their behaviour. Thus, even though many professions are deemed self-regulating, they do so within set parameters that are subject to change by the state. It is noteworthy, that in Canada, the first nurse regulatory body to appoint a public representative to their board was in BC in the 1970s and they did so by choice, not because of a government mandate (coercive force) (Brunke, 2014). In the USA, California was the first state to have public members on physician regulatory boards in 1961 (Wojcieszak, 2021). This may have served as a normative pressure for BC to do so. Public representatives do serve on the NEPACs I studied, but their participation was beyond the scope of this study.

The Council on Licensure, Enforcement, and Regulation (CLEAR) an international group, published a document by Smith (1999) as a resource for public members of boards reinforcing to them their role in ensuring they upheld the public interest not the (self-) interest of the profession. Smith asserted that this should be easily accomplished exactly because the public representative was not a member of the profession on whose board they were serving. Smith favoured public representation on boards and offers sound advice to a beginning member of a board. Smith presented a balanced argument outlining possible advantages and disadvantages of having public representatives on boards. Notably, the presence of (a) lay person(s) on a board may bog down deliberations or the business of the board because the layperson lacks (the) knowledge (base) and may need to be brought up to speed or have things explained to them. This could erode a public representative's self-confidence and result in them going along with and not critically questioning the workings of the board. Wojcieszak (2021) likewise recounted some of these ills and suggested that public members in the context of the USA, who (currently) are not to have any healthcare knowledge, be revisited. He cited an 11% vacancy rate for public members on medical boards and changing the criteria may allow for these vacancies to be filled and deliver better results. In contrast, Broscheid and Teske (2003), reported that physician boards with public representatives saw fewer (and cumbersome) additional post graduate education requirements for foreign-trained physicians.

Graddy and Nichol (1989) reported their research findings where boards had public members making up to half of their membership. On balance, the findings were favourable. There were, for example, fewer complaints and disciplinary cases against lawyers and better outcomes in dental care. In the case of dentists, fewer complaints held true where entrance requirements were set high. There were instances where public representatives were not of a net

benefit, and these tended to be related to guilds (i.e., electricians and plumbers) as opposed to the truly self-regulating professionals. On its face this seems contradictory, but education requirements such as admission policies, are not always fully under the control of the profession (i.e., the educational institution's policies come into play). The reader should always exercise discernment when reading research findings.

Dixon-Woods et al. (2011) discussed the changing nature of the social contract in relation to physicians in the United Kingdom. Some professions have gained a measure of autonomy in practice as Wilensky (1964) referenced, especially the free professions of Medicine and Law. Historically professionals directed their work with no managerial oversight. Autonomy can be seen to be problematic. Professions are assumed to know their theoretical basis of practice and thus self-regulate their practice; and this very autonomy may make them reluctant to interfere with or monitor a colleague's practice. Dixon-Woods et al. (2011) and Muzio et al. (2016) referred to some highly publicized instances where physicians failed to take their own members to account (e. g., Shipman, Bristol), or accountants and lawyers (Enron). The resultant changes, enacted after these cases, have wrested the sole control of the profession away from the members and required regulators to include having lay people as board members as was championed by Graddy and Nichol (1989) and Benton et al. (2019). This is an example not of government taking away control, but of legislating policy to influence control.

As of 2013, the College of Nurses of Ontario (CNO) required all its registering members to complete an education module and pass an exam about nurses' responsibility and accountability to the profession and the public. This jurisdictional exam must be repeated every 5 years. This is illustrative of one profession's policy initiative to familiarize and remind members of their obligation to be familiar with their regulatory body's main legislation and policy documents and is consistent with Ozar's (1993) and Chinn and Kramer's (2017) concerns about the education of professionals, including with their codes of ethics. On its face a jurisdictional exam may seem commendable. Berger and Luckmann (1967) identified formation as a result of socialization into the profession and may have viewed this jurisdictional test as compensation for a lack of focus and inadequate preparation in the profession's (signature) pedagogy. Shulman (2005) might have opined periodic testing is not as effective as indoctrination to a professional code of ethics or socialization. McGivern and Ferlie (2007) may well have viewed this as

superficial and merely meant to fulfill a tick-box requirement. Despite criticisms, a jurisdictional exam is one approach to addressing a (perceived) knowledge gap.

Sociologists' claims that self-regulating professionals were self-serving have been disputed (Adams, 2010; Chaserant & Harvay, 2015; Dixon-Woods et al., 2011; Wilensky, 1964). Wilensky (1964) and Adams (2010) outlined instances where groups had sought and were denied self-regulatory status; in part, because they could not make the case that they met the criteria of a profession. Such groups' pursuit of self-regulation may have been self-serving. Wilensky and Adams gave examples of demand for a service preceding the establishment of a profession that countered the view that self-regulation was self-serving.

### ***Professional Associations' Self-Regulation in the Public Interest***

Professions that self-regulate purport to do so in the public interest. Examples of self-regulating professions include Medicine, Nursing, Law, Engineering, Accountancy, and Architecture. Self-regulation is an implicit contract granted by the state to a profession. The profession gains legitimacy, independence, socioeconomic benefits, and the power to control its members. In return, the profession commits to self-regulate in the public interest and assumes the cost of these powers (Dingwall, 2008; Leslie et al., 2018).

From time to time, our attention is grabbed by a headline or lead story about a person with a fiduciary duty who has breached the public trust. Over the last few years, the world has witnessed, and journalists and scholars have chronicled, the spectacular failure of financial institutions and markets, and the resultant economic downturn in the USA (Muzio et al., 2016; O'Regan & Killian, 2014). This failure was of such a large scale that one could not take notice. Naturally, questions were raised about oversight, accountability, and responsibility. Granted this project is not about the financial disaster in the USA, but this case is related to accountability, the public interest, and trust, and illustrates that in a few cases, professionals across sectors have violated their social contract with society. Although not all such stories involve licensed professionals, in instances where a licensed professional is at the centre of the story, the media and members of the public are particularly stirred.

As an example, when police or other law enforcement personnel transgress, people are often outraged and, for a few days, there is talk about testing or pre-screening to determine whether an applicant is suitable for a particular line of work. Sometimes, the person who has breached the public trust is a self-regulating healthcare professional, such as a physician or nurse.

More recently, Huland and Melley (2023) reported on the conviction of Nurse Letby in the UK for killing a number of infants. Prior to that, the Shipman case and Bristol inquiry are relevant UK examples involving physicians (Allsop, 2006; Dixon-Woods et al., 2011). When an accused or aberrant member receives collegial support, and worse, is not sanctioned by their peers, in the mind of the public it adds insult to injury and undermines trust. Historically, accusations of professionals protecting-their-own are leveled against the entire group and its members' objectivity or sense of fairness (justice) and duty are questioned. Whether they are protecting their own interests or that of the public fuels discussions on radio talk-shows, coffee row, in editorial opinions, letters to the editor, and scholarly journal articles. More recently, with the rise of social media, there is a flurry of activity on those platforms. Cases such as these have eroded public confidence, trust, and led to significant regulatory changes beyond the borders of the country in which the incident occurred.

Change takes place unevenly and regulators have undergone, are undergoing, or anticipating regulatory amendments. For example, in the UK, the Shipman and Bristol cases involving murder committed by physicians, have spurred significant regulatory reform. No Canadian examples have garnered the attention these two cases have. Even so, these UK examples have affected regulatory bodies beyond its borders including in Canada.

New oversight bodies, changed board composition, and the ability for a disciplinary case to be sent to the courts are examples of measures taken in response to the failure of the General Medical Council (GMC) in the UK (Allsop, 2006). Allsop (2006) reported that public trust of the GMC was strong in most areas of regulation, such as education and standards, but not for its handling and disposition of complaints. Note this study concerns the area of education where public trust is high, not the disciplining of members. Even so, changes in regulation broadly are taking place.

In a Canadian context, Johansen et al. (2020) discussed board competence and the process adopted in BC. The CNO (2022) had previously undertaken a process to ensure board competency and eventually released a framework for evaluating their (competency-) based board. Johansen et al. noted that competence is an evolving concept and varies over time. Of note, the nurses and physicians worked together on the competency framework, a first in BC if not Canada. Regulatory reform has had push-back from regulated professionals concerned that changes lead to co-regulation. Their concerns go beyond what Zacharias (2009) noted in his

myth of self-regulation. In my study I examine how NEPAC members are prepared for the work of program approval. Note the competence/composition of the governing board (Council) is not within the scope of this study.

Similarly, Durcan et al. (2023) authored an article on regulatory reform in BC. They noted areas of concern including political manipulation or interference and asserted that other regulatory jurisdictions in the world be monitoring reforms of regulators (e.g., for nursing this would include the International Council of Nurses). Although there are some good innovations in the proposed changes, the authors suggested the reforms signal the end of self-regulation.

I examined some of the history shaping professions dating back to the formation of guilds in the Middle Ages. I have noted a shift toward professionals being knowledge workers as opposed to producers of goods. If professionals can remain dispassionate in their ethically grounded self-regulation and be true to their noble intentions, then self-regulation is in the public interest. When professionals indulge in furthering their own self-interest, fail to be altruistic, or otherwise do not fulfill their social contract, and do not self-regulate in the public interest, these instances should demand a balancing of the pros and the cons and ensure that a system of checks and balances is in place to temper or moderate processes and outcomes. The instance of self-regulation of physicians in the United Kingdom being significantly curtailed was offered as an example.

### **Education**

The education of aspiring professionals takes place in institutions of higher education. An extended period of education is foundational to the making of a professional. Freidson (2001) and Meyer (1977) asserted that this period of time protected from the practice environment is desirable for the learner to acquire some level of theory before being confronted with the immediate need for decision-making they will encounter in practice. Compared to the tidiness of theory, the practice environment will be fraught and complex, reflective of the swampy lowlands described by Schön (1983). In his work on pedagogical signatures, Shulman (2005) contrasted Law, Medicine, and Engineering. He, and later others (Maykut et al., 2024) detailed the surface, deep, and implicit aspects of education which correspond respectively to the how, why, and what is taught. Legal education excelled at having their students think like a lawyer, and medicine, using bedside rounds, excelled at teaching students how to act like a physician. From classroom

layout to pedagogical strategies, differences were seen in interactions between teacher and student, or in the engineering design lab setting, a blurring of these roles.

Abrandt Dahlgren (2011) conducted a study in four European countries over a number of years and demonstrated that students completing a professional degree had a sense of professional identity when they completed their studies. In contrast, the research found that students completing a non-professional degree (i.e., political science) lacked this sense of professional identity when they completed their degree. This professional identity is what, in part, is formed in the implicit or hidden curriculum—the norms and values that guide the actions of professionals including acting in the public interest.

A degree is necessary but insufficient to practice as a professional. One can have a degree in law without becoming a lawyer, and the same is true for other pre-professional degrees. In many jurisdictions, but not worldwide, when a person graduates from an approved or accredited pre-licensure program with degree in hand, they are eligible to become registered and licensed. They must still write and pass exams and pay a fee to the regulatory body to be entered on the register of members and granted a license to practice the profession (Allred, 2002; Schultze, 2007). Once licensed, other requirements have to be met, such as paying annual fees, a signed attestation of not having any disciplinary charges or offences on another professional license one holds, including in another jurisdiction, and not being charged with or convicted of a criminal offence. In some cases, documentary proof may be required to be submitted to the regulatory body when renewing one's license—usually on an annual basis.

Other requirements may include participation in continuing competence activities such as continuing professional development or continuing professional education (Allred, 2002; Schultze, 2007), working in the profession for a minimum number of hours over a particular length of time (e.g., College of Registered Nurses of Saskatchewan Bylaws, 2023, requires registered nurses to practice 1125 hours over a 5-year period).

For some professions, such as pharmacists, demonstrating continuing competence may require peer review of practice (direct observation of practice, examination of documents, etc.). For other professionals it may entail writing further exams, demonstrating competence in practice (observation or actual testing), or a file review of cases. These requirements arise out of concerns around the difference between initial and continuing competence. Initial competence is the level of competence a professional has when beginning practice. For example, graduating

from an approved school of nursing and passing a regulatory body's exams for licensure are considered proof of initial competence which the regulatory body certifies (Schultze, 2007). Meyer (1977) suggested it was foolish to assume someone educated 30 years ago would remain competent over such a timespan. Shulman (2005) was more temperate in his assertion. Several jurisdictions have adopted Continuing Professional Education (CPE) or Continuing Professional Development (CPD) requirements for annual licensure. As an example, Allsop (2006) noted the GMC required ongoing continuing competence for physicians as of 2004, though initiatives had begun before that year.

Jarvis (2014) described competence as the successful integration of theory and practice. Benner (1984) developed a five-stage model in which competence is the middle step, occurring perhaps at the 3-year mark of practice, assuming the person stayed in the same position and was learning through practice. Once again, many of the concepts I am dealing with are constructs, thus universally agreed upon definitions are often elusive.

Continuing competence is an expectation of the practicing professional beyond the level and expectations of a new graduate. The regulatory body is accountable to the public and the state that its members are competent and safe to practice. How a professional demonstrates ongoing competence is a prime concern of jurisdictions regulating professionals.

Continuing professional education (CPE) is a subset of continuing education, grounded in adult learning theory. Continuing professional education refers to any number of formal educational offerings (e.g., university classes, seminars, conferences, and workshops). It fits the more traditional view that to remain competent, professionals pay money and get together in traditional classrooms or other settings. In this paper, I will use the term continuing professional development, which includes developmental opportunities both within and outside the workplace (Allred, 2002; Marsick & Watkins, 2018; Senge, 2006; Watkins & Marsick, 1990). Continuing professional development is much broader in scope than continuing professional education and acknowledges the significant amount of learning that occurs on the job. Additionally, CPD emphasizes learning outside of formal educational offerings (Eraut, 1994).

Professional curricula are content laden. In the nursing literature, researchers including Benner et al. (2010) and Davis (2022) have called for a decluttering of the curriculum. Information is growing exponentially. This presents a challenge to educators of professionals. Decisions must always be made and revisited with respect to what to leave out and what to keep



in. For the most part, the years to obtain a professional degree have not changed despite this significant increase in information. Nursing is a relatively new profession compared to law or medicine. Degree length varies from 3-5 years of study. In some cases, this is as it appears on the surface. In other cases, a pre-year of schooling may be or may have been required and that accounts for the difference in length of the program. In the end though, all (would-be licensed) nurses in Canada, and in the USA currently write the same country specific exam to be licensed, irrespective of the length of their program. The foregoing is meant, in part, to illustrate that curricular pressures already exist and that it is not surprising to me that teaching program evaluation in an entry-to-practice level general program is not a priority for the professional curriculum and where it is included, it is not typically a significant content area. The sheer volume and complexity of knowledge demands being selective vis-à-vis curriculum content.

### **Pre-licensure education**

Pre-licensure education is the term used for educational programs that prepare a person to be eligible to become a professional and as I have stated elsewhere, is in and of itself insufficient. For teachers, this might be called pre-service education. Shulman (2005) characterized schools of preprofessional education as nurseries and suggested each profession had a signature pedagogy that helped to socialize students into the profession for which they were preparing, and which reproduced or resulted in educators of professionals reproducing the pattern of education by which they themselves had been taught. This had the effect on law students, as one example, of becoming good at analytical thinking, and at the same time, growing farther away from say ethical considerations of the law; often the larger purpose or greater good that motivated students to study of law. Ozar (1993) and Chinn and Kramer (2017) expounded on the need for increasing ethical awareness and standards of deportment. These researchers point to needed support to socialize would be professionals to an orientation and signature attitude toward and a valuing of serving in the public interest. In this study I consider the effect of (the lengthy) education of nurses on their enculturation to the profession's norms and values in terms of practicing in the public interest.

### ***Socialization to the profession***

Schein (1968), Shulman (2005), Chinn and Kramer (2017), and Maykut et al. (2024) espoused that socialization to a profession included learning the values and norms of the group such as the responsibilities of the member including, in this case, the responsibility to the Act,

codified standards of practice, competencies, and code of ethics. Note that these correspond to Scott's (2001) three pillars of institutions (regulative, normative, and cultural-cognitive). Schein noted that self-regulation was granted to some professional groups by the state because it was believed that members of that profession are in the best position to a) determine their educational requirements and competencies, b) approve educational programs, c) set exams, and d) [investigate and] discipline their members. Social learning theory (e.g., vicarious learning) has demonstrated that people often emulate the role models to which they have been exposed (Bandura, 1991). This is consistent with and reflective of Schein's embedded values as a cultural norm in pre-licensure education.

In studying organizations, Schein (2004/2011) considered organizational culture an abstract concept and drew an analogy between a culture and a group as likened to an individual and character or personality (p. 351). Like an iceberg, much of culture is unseen. He further noted that culture ran deep within members of a group and provided stability to them. Culture is diffuse and eventually permeates every facet of the group. Over time, culture is embedded as accepted, unnoticed, unquestioned, and taken for granted, in other words, an unconscious way of doing and being. A person new to an organization may believe they are following the rules only to be told, "That's not how we do it around here." There are unwritten rules for behaviour at play that one learns over time.

Schein (1968) asserted that schools and organizations served to socialize members into a profession or group and Freidson (1988) and Shulman (2005) maintained that professionals, such as nurses and physicians, are socialized into their profession during their education and through affiliation with other members of their professional organization. Freidson identified socialization to and into the profession as one of the functions of the pre-licensure education of self-regulating professions. Socialization teaches, models, and inculcates the values, beliefs, and behaviours of the profession to the student, who is the future member (Bromley & Orchard, 2016). Embedded in its norms and values is the logic of a profession. Thus, while members of self-regulating professions can be subjected to discipline, because of ingrained values, disciplining a member should rarely have to occur, but we know it does. Given human nature, or as Shulman (2005) suggested in his examination of signature pedagogies, due to the reproduction of education, and where ethics are not embedded, or rather taken up (allowing for individual differences) disciplining of members will be necessary and does occur.

Hoogland and Jochemsen (2000) and Chinn and Kramer (2017) discussed normative features, the oughts or prescriptive features of medical and nursing practice respectively. They used autonomy and benevolence as illustrative examples of values in professional education which mesh with altruism and serving in the public interest. A feature of Cooper et al. (2004) four-dimensional model of policy is the normative dimension. In the case of law, lawyers may face tension between acting in the interest of the client and not the public interest (Shulman, 2005).

Strong modelling of values, ethics, and the norms of a profession ideally leads to professionals self-regulating in the public interest. Shulman (2005) and Chinn and Kramer (2017) addressed the centrality of values in the education of professionals. Chinn and Kramer noted that nursing programs have strayed from ethics courses in their curriculum. Values can be implicitly transmitted by professionals and learned by students through interaction with strong models encountered in their educational programs whether in a classroom and perhaps especially in the clinical setting. In their practice placements, students are exposed to this tacit knowledge even though professionals may not explicitly frame rationale for their actions in terms of public safety or the public interest.

### **Learning**

There are many categories of learning and learning has been defined in various ways. Watkins and Marsick (1990), differentiated between informal and incidental learning. Informal learning generally occurs outside of institutions, is experiential in nature, and is controlled by the learner. Self-directed learning is also an example. Incidental learning may occur while learners are pursuing some other type of learning (Papanagnou et al., 2022) or may occur vicariously without any intent of learning at all. Formal learning is generally offered within an institutional or structured setting, and includes classes, workshops, and conferences.

As a scholar, Kolb (2014) researched and developed a model of experiential learning. His model had four quadrants or phases of a learning cycle; abstraction, active experimentation, concrete experience, and reflection. This last stage is complementary to Schön's (1983) work on reflective practice. Reflection allows the practitioner to mine experiences for further learning. Reflection can take place after the fact, as it is commonly thought of (reflection on action) and a person can be actively reflecting when learning is in process (reflection in action).

A companion skill to reflection is self-assessment (Taylor, 1995). Taylor (1995) noted the word assess is Latin for to sit beside. Taylor asserted that this is the ideal stance for assessment. Too often, educators and students alike view assessment as coming from outside the individual and from *on high*. Accurate self-assessment is a fundamental skill to inform one's competence and learning needs. Eva and Regehr (2008) suggested that self-assessment is more easily done for a psychomotor skill than cognitive abilities. They theorized that self-assessment might not even be possible, putting them at odds with Taylor.

According to Knowles (1975), self-directed learning described a process in which the individuals take the initiative in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes (p. 18). Brockett, Candy, and Hiemstra were other proponents of self-directed learning and made significant contributions to the literature. Tough (1979), a Canadian researcher, is interesting to me because he looked at adults' learning outside of a formal setting and reported his findings on their resourcefulness in identifying and utilizing resources for their learning. Knowles popularized the term androgogy in conjunction with self-directed learning and for Knowles, learning was still taking place in the educational institution. More recently, Jones et al. (2021) added heutagogy where the learning is initiated by the learner, not the teacher, and the teacher supports the student's learning initiative.

Cooper (1980) presented a collection of synonymous terms: self-directed learning, independent study, self-guided study, self-planned learning, self-initiated learning, autonomous learning, self-education, self-instruction, and individual learning. The various terms distinguish this learning from that which is other-directed. Cooper noted this distinction as important because the motivation for self-directed learning came from within the individual. Here we can see self-directed learning being used differently than say Knowles (1975) or Jones et al. (2021) would use it.

Learning on the job most closely aligns with Watkins and Marsick (1990) informal and incidental learning and Maykut et al. (2024) learning in complex environments such as clinical practice. There is no end to change in nursing practice whether it involves new technology, communication tools, medications, diseases and other medical conditions, treatments, or contexts. Nurses have to learn as they go. They may learn with or from colleagues, patients, patients' families, and push- or pull- mediated technologies (Yilmaz et al., 2022) to meet the

challenges of keeping up with the demands of increasing change and increasing complexity (Papanagnou et. al., 2022). All these are consistent with Eraut's (1994) CPD. Further, Currie et al. (2021) asserted it is learning that makes institutions possible.

Education and learning are the two of the most significant factors in the making of professionals. Whatever the means, education formed the program graduate who is poised to join the ranks of the profession. Education is considered a formal means of learning and the learner can usually identify a start and end point to formal education.

Lifelong learning on the other hand is broader, sometimes informal or incidentally, and is an expectation of nurses in Canada. Students graduate with initial competence. Nurses' preprofessional educational program should have primed them for lifelong learning. With practical experience and the various ways and means of continuing to learn and develop professionally over their career; ideally, professionals evolve and serve in the public interest. This informal or incidental learning often occurs on-the-job and is harder to capture or identify. It occurs out of necessity during the workday, not away from the workplace in a separate and designated classroom. The reality of learning in an increasingly complex environment and the necessity of lifelong learning should prime NEPAC members for their new role and task.

### **Program Evaluation**

The practice area of program evaluation has been evolving in Canada and elsewhere over the last couple of decades. For example, the Canadian Evaluation Society published a set of competencies in 2010 has set standards and discussed the merits of professionalization for evaluators. The Treasury Board of Canada Secretariat within the federal government published Theory-Based Approaches to Evaluation in 2012 to support government policy on evaluation. As a measure of accountability, (program) evaluation has grown and may be carried out for a variety of reasons such as meeting regulatory requirements or to obtain ongoing or new funding.

The field of evaluation and evaluators has grown. For example, higher education in countries such as Canada, the USA, Australia, and some in Europe have programs accredited by bodies who deal exclusively with higher education programs. In Canada, this is the Association of Accrediting Agencies of Canada (AAAC) and in Europe the European Association for Quality Assurance in Higher Education (ENQA) (formerly the European Network for Quality Assurance in Higher Education).

Daffron and Caffarella (2021) defined program evaluation as determining some quality of a program. Note that the term evaluation is sometimes used interchangeably with assessment. When applying the nursing process to a patient, the starting point is assessment, and the end point is evaluation, which in turn informs or morphs into your next assessment in a cyclical or helical fashion. Daffron and Caffarella and Keating (2015), further explicated that program evaluation may take place while the program is in progress (formative assessment) or when the program is complete (summative assessment) as put forth by Scriven.

Evaluation can be accomplished via a variety of means and purposes. For example, evaluation might be achieved via a survey, a test, an interview, or by an external assessor. The evaluation might measure consumer satisfaction, or in the case of a test; a skill, knowledge, or ability. In other examples, evaluation might be done to determine cost effectiveness or efficiency (Conner, 1986; Chen, 2015; Daffron & Caffarella 2021). In the foregoing examples, the evaluation might be completed by a client or participant, a program designer/developer, or an outsider. Various levels of expertise in evaluation are implicit. For a consumer satisfaction survey having participated in the program is the prerequisite, not knowledge of evaluation theory or techniques; for cost effectiveness, a different level of expertise is required that does not include participation in the program.

In the case of pre-licensure education programs, such as nursing, program evaluation may include student feedback (analogous to a consumer satisfaction survey), approval by the regulatory body, or accreditation by an external body. Further, a school of nursing will likewise evaluate not only its curriculum but its nursing program(s). According to Iwasiw et al. (2018) this may include facilities and resources both internal (libraries, simulation laboratories, faculty qualifications) and external (community and clinical agencies). In addition, in the case of registered nurses in particular, metrics such as the pass rate for the Next Generation-National Council Licensure Examination (NGEN-NCLEX®) may be reviewed. I have commented on the approval process elsewhere in this paper given my interest in the background characteristics and perceived education or learning needs of those who sit on these committees.

The approval process is carried out in Canadian provinces, by the corresponding provincial regulatory body and it is a mandatory process legislated in the Act respecting the particular profession in the relevant jurisdiction (e.g., the Registered Nurses' Act of Saskatchewan). Whereas approval is a mandatory process, accreditation is a voluntary process

conducted by an external body such as the Canadian Association of Schools of Nursing (CASN). In turn, CASN is a member of the Association of Accrediting Agencies of Canada (AAAC) as are many groups who accredit (pre) professional education. To qualify to write the NGEN-NCLEX®, students must graduate from an approved school of nursing.

To be clear, the NEPAC does not carry out the program evaluation though they once did. For some time (this varies with each regulator) a consultant was typically contracted to perform this function. A report was submitted to the NEPAC which then rendered a recommendation to their Council. Currently, the practice as set out by the CNO is for the educational institution to complete a self-assessment and submit it to the NEPAC and unless there are concerns, there is no longer a site visit. Other Canadian jurisdictions are moving to the process the CNO uses.

At present, individuals carrying out the approval process for provincial nursing regulatory bodies are not professional evaluators nor are they members of the CASN accrediting team (CASN, 2023). For interested readers, training is provided or required for members of accreditation teams as outlined on both these groups' (AAAC, CASN) websites. Accreditors and their characteristics and background are beyond the scope of this study.

Spector and Woods (2013) and Spector et al. (2018) further differentiated between approval and accreditation whilst noting similarities between the two processes. For example, approval is done both for existing programs and programs in development and its aim is to ensure the public practitioners are safe to practice. Accreditation, on the other hand, is to ensure the quality of the program and only occurs after a program is graduating students. In Canada these have historically been separate processes. In some states in the USA, there has been movement to combine these two processes.

This literature review was undertaken to inform my proposal and then refined for my study. Professions and education are both institutions. Institutions are reciprocated behaviours enculturated over time through learning. These rules are often tacit and invisible. They may vary from setting to setting. The transmission of these rules is rarely explicated. When embarking in playing a game, the rules are stated or understood at the outset. This is not true for transmitting the rules of an institution; thus, there can be missteps in fitting in. In contrast, organizations often have written policies that guide workers and their actions or decisions over the course of their day.

Many professions have been granted the privilege and responsibility of self-regulating in the public interest. As noted, professionals, mandated by the state, are to provide service to the public, in a shared relationship based on expertise, recognition as a profession, and trust. Most of the controversy has arisen when the public believes the regulator's disciplinary measures are not commensurate with the severity of the member's transgression. The education of professionals and the approval of education programs by regulatory bodies has not been a point of contention in self-regulation.

Professionals undertake a lengthy prelicensure education program and do not stop learning when their formal education ends. A significant amount of learning occurs over the course of their practice and is unplanned and incidental in its nature. The world and workplace are dynamic and changing. Information is increasing exponentially, and the practice environment is increasingly complex. Professionals are oriented toward lifelong learning and learning on the job.

Program evaluation is not an area of instruction in pre-licensure nurse education programs, yet regulators engage volunteers from their membership to complete program approval. Given content laden curricula, one may question whether this is a necessary addition to the education program. In this study, I examine how the educational and experiential background of the NEPAC members prepares them for their role of program approval in the public interest and the role the regulator plays in preparing NEPAC members for program approval.

### **Conceptual Framework**

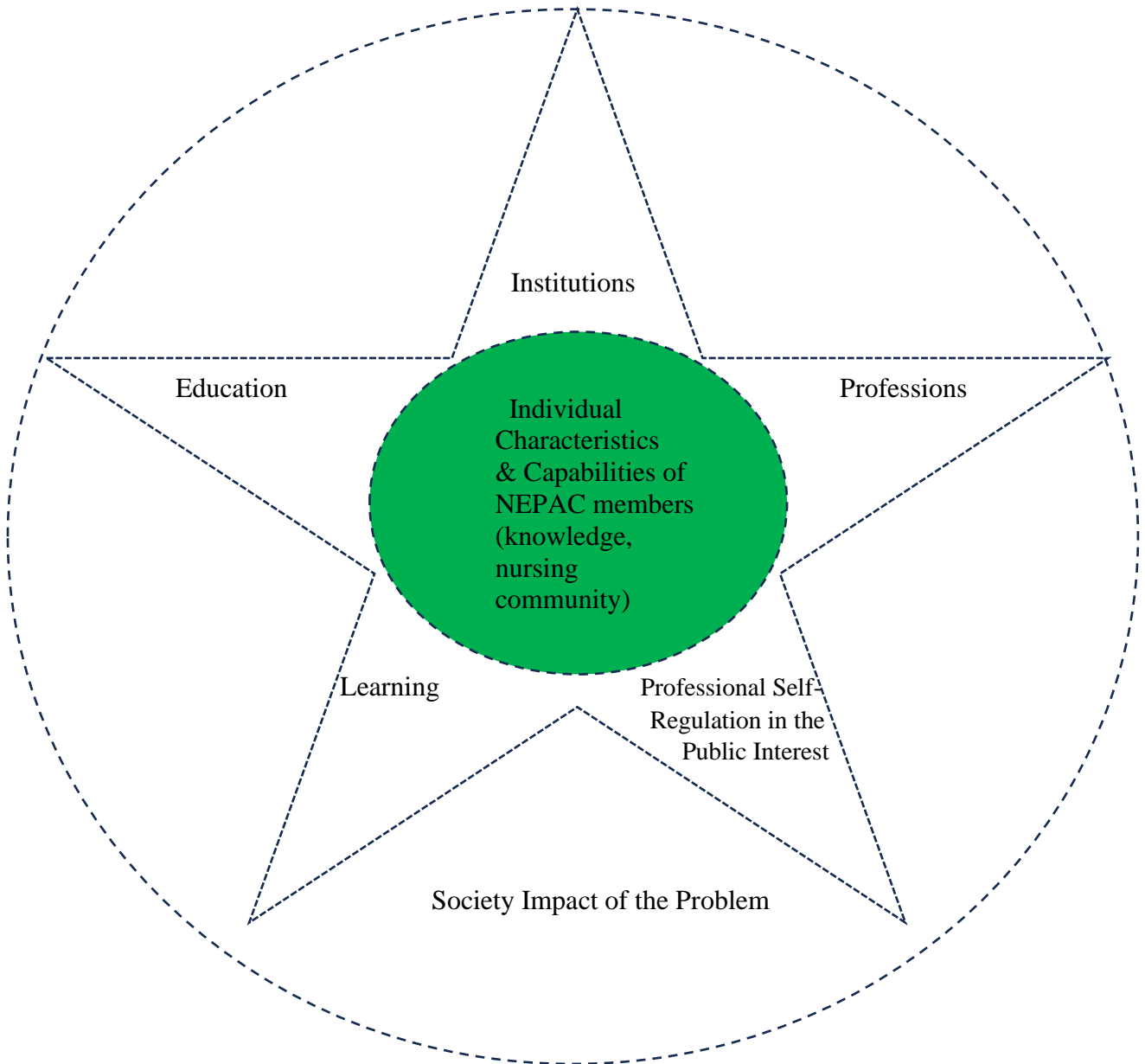
We live in society with rules governing our behaviour. Some rules are formal laws others are institutions. We have rights and responsibilities and our political context in Canada is generally described as a democracy. Within our society, rules (whether laws, mores, or customs) lead to some predictability to smooth out some of the rougher edges of living in close proximity to one another. Institutions are reciprocated behaviours which likewise develop and become habituated over time (Berger & Luckmann, 1967; Currie et al., 2021; DiMaggio & Powell, 1983; Scott, 2001) and these help us to navigate life with a measure of predictability. Education and professions are institutions and each of these plays a role in society. Education is considered a public good, and having the citizenry educated to a proscribed level is both encouraged and mandatory, the degree to which varies with time and place. Professions are to self-regulate in the public interest with some measure of public good. Regulatory bodies, sometimes encompassing



professional associations but increasingly not, are organizations with the goal of ensuring safe competent members (this is fairly specific to nursing) who contribute to the public good. Professionals are required to act in the public interest. Learning can take place in educational institutions but in reality begins from our earliest days. Barring catastrophic brain onslaught (stroke, pervasive developmental delays, dementia, or other disease process) this learning can continue to death. Learning is not confined to a formal educational setting but rather can take place almost anywhere and in myriad ways. (Figure 2-1)

**Figure 2-1**

*Conceptual Framework*



Most of the time, the borders of the circle, oval, and star are not rigid, but are permeable allowing for two-way diffusion between all these elements and allowing for some blurring across the boundaries. Our society can be influenced by other societies. Influences can diffuse in both directions from the individual to society and vice versa facilitating reciprocity and change. For example, education can change me, and I can change education, and many other things because

of what I learn. A person's thoughts, beliefs, and actions will be influenced and might be changed through learning, and coercive, normative, or mimetic forces. I believe that as the researcher, that when I did my study, I was looking at a phenomenon at a point in time and captured more of a snapshot or videoclip rather than the entire movie or episode.

The oval is shaded green often associated with life and health, symbolizes development and growth of the professional, through education, experience, and (lifelong) learning. Living things are complex, and like fractals, are replete with flaws, twisted and (en) tangled (Stanley, 2007).

### **Summary**

In this chapter I have reviewed literature relevant to my proposed study including the institutions of professions and education. Institutions have existed for centuries in varying guises, and much of our (social) life is defined and shaped by them. Education shapes who we are as individuals and prepares us to be good citizens contributing to the growth of democracy in the western world. Pre-licensure education and socialization into the profession via the hidden curriculum should reinforce values contributing to acting in the public interest given that professions have purported to act in the public interest and accept the terms of self-regulation.

The regulatory body's functions align with Scott's (2001) regulative pillar, and should be reflected through bylaws, and policies infusing the entirety of the regulatory functions, including education program approval with these imperatives. Pre-licensure education should transmit the normative and cultural-cognitive aspects of Scott's pillars to all members of a profession and who comprise the College or professional association. Many professionals have a sense of duty, of calling to their field. Researchers have stated that the lines blur between self and work. In sum, there should be little variation in interests whether they are of professions as an institution, of members of a profession as a whole, or a smaller subset of professions, who are members of the NEPAC. We should anticipate and see evidence of significant overlap between interests and values whether self, professional, or societal. Learning continues throughout a professional's working life. The education program instills the need for learning on the job in the clinical context. Once a professional has completed their pre-licensure education, they must continue to learn to be fit to practice. Regulators of professionals can build on the imperative of lifelong learning to ready NEPAC members for their role in program approval, an area in which they

have no formal instruction in their formal education. In the next chapter, I set out my research design and method.

### **Chapter Three: Methodology and Methods**

In Chapter One, I introduced the research project and the paucity of information on the characteristics and learning needs of members of regulatory bodies' NEPAC and their role performance in the public interest. Over time, spectacular failures of regulators in the disciplining of their transgressing members have sparked debate about whether self-regulation is in the public interest. To date, these concerns have not extended to preprofessional education program approval. Admittedly, there are some who are questioning whether governing boards should be Subject Matter Experts (SMEs) or a skills-based board (e.g., financial/accounting, fund raising, promotion, etc. depending on the nature of the board). In Chapter Two I reviewed select literature related to concepts relevant to my study.

In this third chapter, I offer a description of the research methodology used in this study and present the (a) rationale for qualitative research design, (b) a description of the researcher, (c) a description of the study participants, (d) an overview of the research design, (e) my data collection procedure, (f) how I analyzed the data, (g) trustworthiness, and (h) ethical issues. I conclude with a brief summary.

#### **Research Questions**

In this qualitative study, I explored the characteristics and learning needs of the pre-licensure education program committee members, and some of the administrative processes (i.e., the recruitment, selection, orientation, and education of these members) of the regulatory body. The overarching study question was, "What are the education and experiential characteristics of individuals who sit on committees or boards and approve pre-licensure educational programs?" The following questions guided the interview:

1. Education is one of the defining characteristics of a profession. Most preprofessional education of health professionals does not include a focus on the education process or on program approval. What motivates a member to volunteer for this committee?
2. Given that the majority of members on the education approval committee are volunteers from the membership, how does their educational/experiential background or learning background ensure the process of educational program approval is in the public interest? How does the regulator contribute to this?
3. What linkages do committee members make between their role on the committee, the education approval processes, and self-regulation in the public interest?

4. Do committee members have a sense of confidence about undertaking this task?
5. How do the committee members rate their knowledge of the process at the start of their tenure on the committee and when the approval process and work of the committee was completed?
6. What is the change in self-assessment of efficacy as a member of the committee from the start to the end of the process and what contributes to this?
7. What changes would the NEPAC members and CEOs like to see for program approval, or do they anticipate occurring?

### **Qualitative Research Design Rationale**

The philosophical grounding of qualitative research is social constructivism. As a social constructivist researcher, I believe there are multiple realities as subjectively experienced by individuals. In using a qualitative design, the researcher spends time with participants and presents their experience through the use of quotations. As its name suggests, in Interpretive Description, the researcher then describes and interprets these quotations—the data. The researcher is open to recognizing their own biases and assumptions. I actively worked to set mine aside and along the way would actively question my success doing so. I have found it is easier to discover assumptions when they prove to be false, and I have had to take a moment to step back and examine ‘what just happened there?’ Similarly, we have unconscious biases to which we are often blind, while others may be able to readily point them out to us, consistent with the Johari window. Thorne (2016) and Braun and Clarke (2022) noted that changes might be made in the research process as it unfolded, and although some variances might be necessary, they cannot be at odds with elements such as ethics approval.

Lincoln and Guba (2013) advised that the researcher aims to present participant realities as closely as they can to the participant experience as opposed to trying to shoehorn them all into one reality. Participants and their experiences should be treated fairly. To this end, I was open and transparent in my Consent Form, used no deception, and treated participants equitably.

Qualitative research does use an inductive approach to create patterns of meaning from responses to broad questions. Participants each have their own experiences in that although they may outwardly look the same to an observer, we cannot know what experiences have shaped the participant and how this in turn affects their personal experience of the phenomenon and the sense each person makes of it. As the researcher, I have gathered and explored this data to

describe it and create an interpretation based on my knowledge and experiences. It can also include deductive approaches. Data analysis in qualitative research mixes both inductive and deductive methods (Young et al., 2020), with the latter coming to the fore as I abstracted data, theorized the data, to render a (more holistic) report. Sandelowski and Barroso (2003) distinguished between abstraction of the phenomenon itself, from that of data analysis and interpretation.

A qualitative research design was appropriate to use. I adhered to the following precepts: (a) it is naturalistic not experimental, (b) the method is emergent as espoused by Thorne (2016) and Ravitch and Carl (2021), and (c) I am the main instrument of data collection. The last point is similar to when, as a psychiatric nurse, I interview and counsel patients, I am the main therapeutic instrument (Foster & Hurley, 2024; Hurley et al., 2022). This is in contrast to when I don my RN hat, as contrasted to when I am caring for someone who is more in need of physical care and where I might have equipment or tools (stethoscopes, dressings, IVs) to aid me.

### **The Researcher**

Thorne (2016) advised that researchers undertaking an interpretive or descriptive approach ideally have some practical or (disciplinary) background with or of the phenomenon of study. I am a nurse with (dated) experience with program approval for a regulatory body's NEPAC. I am also familiar with literature on institutions, professional self-regulation and the public interest, and learning and have practical experience in these areas as well.

### **Reflexivity**

Reflexivity refers to how the research is affected by the researcher's position. There is a reciprocal effect between our research and our beliefs similar to that between our lived experience and identity formation (Cresswell & Poth, 2017; Fox et al., 2007). I was interrogating the background the NEPAC members have to perform their duties— do they serve the public interest? Just as I have to suspend my frame of reference when interviewing patients, or bracketing as a researcher, requires me to set aside my judgments and biases as much as possible. Thus, during the proposal phase, I had discussions with my advisor examining whether I had already arrived at a conclusion without doing the study. Another key aspect was recognizing my experiences were dated and that both the world and I, are changed. Keeping a journal for this project and asking questions allowed me to revisit my thinking as I have done much of my adult

life. Revisiting my other journal writings has been revealing and I have been surprised at my previous thoughts, beliefs, and reasonings.

### **Philosophical and Theoretical Framework**

Researchers recognize that the nature of one's research question(s) will inform the choice of research design. On the one hand, researchers interested in relationships or frequency of occurrences are better served by quantitative methods. On the other, researchers wanting to understand a person's experience will want to use a qualitative method as espoused by Creswell and Creswell (2022). As contrasted by Erickson (2012, 2024) quantitative researchers, often pursuing the natural or hard sciences, want proof or predictive power, while qualitative ones look to social or soft sciences to understand or construct meaning.

Cresswell and Plano Clark (2017) asserted that qualitative researchers often are transparent about their worldview —comprised of four elements; their ontology (nature of reality—singular or multiple views) epistemology (relationship between researcher and their work), axiology (values and their role in the research), and methodology (deductive, inductive, participatory, or combined). These elements are often stated in their research proposals and to some extent in their reporting.

Cresswell and Plano Clark (2017) discussed four worldviews: the postpositivist, constructivist, participatory, and pragmatic. I am approaching this study using a constructivist worldview. The constructivist view has been espoused over several decades. Seminal thinkers such as Lincoln and Guba (2103) shifted terminologies from constructed realities in *Naturalistic Inquiry* (1985) to constructivist paradigm in their *Fourth Generation Evaluation* (1989). Theirs was a stark contrast to the ontology, epistemology, and methodology of the dominant quantitative model. Social constructivists were more likely to be respectively relativist, subjective, and hermeneutic on these spectrums.

Moon and Blackman (2014) depicted ontology on a continuum of realism to relativism. I do think reality can be known in multiple ways, and I believe this harkens back to my formative education days in psychology and psychiatric nursing. The phenomenological view I was taught, reinforced by my education in counselling whereby the counsellor suspends their frame of reference to understand the patient, is still shaping me today. I place myself on the right of this continuum nearer the end of the relativism side of their continuum.



Moon and Blackman (2014) modeled epistemology as objectivism and subjectivism on the left and right ends of the continuum respectively, with constructivism taking the centre point. On this continuum, I am more central than on the right where, as noted on the ontology spectrum, I was farther along to the right.

On their next level, Moon and Blackman (2014) presented theoretical perspectives. This level is multi-layered into nine subheadings of application grouped under four main levels of application. These levels of application are to predict, understand, emancipate, deconstruct or all (pragmatism) with the aim being to understand. The model includes constructivism; interpretivism which is then divided into hermeneutics, phenomenology; and symbolic interactionism. My theoretical stance in this model is constructivism. I drew on the phenomenological experience of my participants who shared their experiences, and I had to take care to put aside or suspend my frame of reference (bracketing) to actively listen and understand the participants. As a reflexive researcher, I know I have my own set of values, biases, and assumptions (some of which are unconscious). They form part of my identity and shape my thinking. I have done my best to look at the data with fresh eyes. First, familiarizing myself with the data in their entirety, allowed me to consider and then code each participant's experience. I have described and interpreted the data, created themes, and made or constructed meaning from it. This sense-making is central to qualitative research.

Cresswell and Plano Clark (2017) asserted pragmatists can combine both methodologies (deductive and inductive). Later, Young (2020 et al.), depicted a gradient of the inductive and deductive approaches used in both quantitative and qualitative research across a number of designs not limiting this mixing to pragmatists only.

Cresswell and Plano Clark noted the rhetoric or language of the various world views. These range from formal (postpositivist) to informal (constructivist) and a mixing of these styles for pragmatists. Thorne (2016) and Braun and Clarke (2022) are proponents of a social-constructivist approach, as am I. Thus, I am using a more informal approach in my writing.

## **Research Design**

### **Sample**

Braun and Clarke (2022), Rebar et al. (2011), Richards and Morse (2023) and Thorne (2016) asserted that given that the volume of data collected in a qualitative study can be considerable, sample sizes are typically smaller than what one would find in a quantitative study.

The small number of participants permitted me, as a lone researcher, to manage the data volume. Consistent with Polit and Beck (2017), because the participants required a particular experiential background, my sample is classed as purposive. As is typical in qualitative research, participants are few in number and not considered representative of the population at large. Polit and Beck noted that in quantitative research, generalizability is central to a study's quality. Not so in qualitative research. Results are not intended to be and cannot be generalized to the population at large. Because my study participants were not randomly selected and thus not representative, combined with the small sample size, my results are not generalizable. As a qualitative researcher I sought to understand and was not looking to make predictions.

My interview participants, were a purposive sample of eight nurses (licenced practical nurses, registered nurses, and registered psychiatric nurses) who responded to my invitation to participate. Everyone who voluntarily responded to the invitation was interviewed. Participants were evenly split between CEOs and individuals who served on an education approval committees within a nursing regulatory body in western Canada. I had hoped for more participants, only eight responded by the last day open for interviews. For the most part these nurses had held their credential and practiced for more than 10 years. Each had worked in three or more practice areas. None had any formal preparation in preprofessional education program evaluation or approval. A table of participant characteristics is provided in chapter four.

### **Setting**

The exact setting for the participants varied while mine, as the researcher, remained consistent in my private office. Interviews were all via Zoom. I sent out an e-mail with information on dates and times I was available to each participant so they could choose a time convenient to them. Ravitch and Carl (2021) refer to this as micro-design choices. Choice of interview date and time respects the participant in the research process. Because nurses are often shift workers and do not have weekends off, my availability, outside of a conflicting engagement was 0600-2300 hours as a start time, 7 days a week. I remained within my projected time limit. I was aware that two participants had meetings either before or after their meeting with me. In one case the participant was at home with contractors working on-site, and in another the participant was in a hospital parking lot while a loved one was in hospital undergoing a procedure. In yet another case, the participant identified at the outset that they were feeling a little off since lunch hour, and I took care to check that it was ok to continue at the outset and did a further check

nearer the end as to how they were faring. I had been really enjoying the interview and still tried to stick to the timeline and let the person know near the end that I was sensitive to their physical state and hoped they were still doing okay that we that we were almost done. As a qualitative researcher, being sensitive to the context and of the interviewees was important.

I have found Zoom to be a very reliable technology to use. That said, my participant in the parking lot had issues with WiFi and the phone settings for same. In another interview, the participant found I was ‘breaking up a bit’ and this was transient and soon resolved on its own. Both these were resolved quickly and given our forced move to Zoom (and related apps/platforms) during COVID no one was flustered or impatient with fixing the issue. In any case, it is important to consider that the participant is given a general indication of the time required for each of these processes. This allowed for comfort measures (getting a cup of tea, putting children to bed, completing a break at work, or planning their day). In addition, what was and is important to me as the researcher is to set a congenial tone for the interview, confirming the planned the length of the interview, and so on.

### **Data Collection Procedure**

Cranton and Merriam (2015) asserted the research method should guide the researcher’s selection of methods for collecting data. For this study, I used interviews (recorded on Zoom), examination of material artefacts (offered and publicly accessible), and field notes as methods of data collection. Zoom furnished transcripts of each interview along with video and audio recordings. Voice-to-text technology has improved over time, but (minor) errors still occurred. Thus, I double-checked the transcript against the audio recording and in two instances reviewed a segment of the video recording for verification.

Using transcripts generated by Zoom removed the necessity (and layer) of hiring a transcriber and having them sign a confidentiality agreement, or of me typing out the interview from audio. However, I will note, that transcribing the data myself would have permitted me greater familiarization with the data. This may be a minor point in this case given I was the interviewer with direct involvement in data collection. I shared my transcripts with my participants as part of member-checking and in the spirit of transparency.

### **Interviews**

Interviews can be structured, unstructured, or, as I developed and used them, semi-structured. Neutens and Rubinson (2014) and Richards and Morse (2023) explained that semi-

structured interviews are appropriate when the researcher has some familiarity with the topic but cannot anticipate all the possible answers. This is apropos for a researcher such as me, who believes there is more than one reality or many ways of experiencing reality. The semi-structured interview encompassed predetermined questions and the opportunity to probe more deeply, and to ask follow-up or clarifying questions.

The interview was understood as “person-centered” in that it attempted to foster a relationship (albeit brief in this case) between interviewer and the interviewee (Levy & Hollan, 2015). Rubin and Rubin (2012) differentiated between a conversation and an interview. The conversation is for relationship maintenance, whereas the interview is for establishing a relationship. In my face-to-face semi-structured interview, I used both closed and open-ended questions. This combination was well-suited to creating a relationship with the participant, reading non-verbal language, and hearing para-verbal cues (Riessman, 1990; Rusu & Chiriță, 2017). These elements proved to be important for the following reasons.

First, as the researcher, I wanted at the very least to have a positive working relationship (Rusu & Chiriță, 2017), however time-limited it may have been. Engendering hostility or discomfort was unlikely to gain the cooperation and trust of the participant or elicit useful information (Levy & Hollan, 2015). Although sensitive questions must be asked, it is not the best way to begin an interview. In many research traditions (e.g., ethnographic), the researcher-participant relationship is everything (Levy & Hollan, 2015; Madden, 2022). From reading and reviewing the interviews, I believe I struck the right balance. There were some moments of shared humour and an acceptance or recognition of me not just as the researcher but as a nurse-colleague with decades of varied experience.

Second, a significant amount of information is conveyed through non-verbal communication (Arnold & Boggs, 2020; Reisman, 1990; Rusu & Chiriță, 2017); thus, an interview will yield richer data than a survey. As an attuned researcher I responded to the non-verbal behaviour of a participant who was nodding their head up and down to convey an affirmative direct answer to the question whilst verbally launched directly into an example. I did not have a sense that the use of Zoom limited my exposure to non-verbal cues. If any of my participants had turned off their camera or used a very close up camera angle this could have restricted my access to the non-verbal language.

Richards and Morse (2023) advised that because the interview is a dynamic and reflexive process, in semi-structured interviews, the researcher is best positioned when they have familiarity with the subject area. This facilitated formulating questions for and during the interview. It allowed for face-to-face interaction, and immediate clarification, flexibility in formulating a working hypothesis, and facilitated analysis, validity checks, and triangulation (Marshall & Rossman, 2021). In an interview, the interviewee responds to the interviewer and vice versa. The researcher can depart from the prepared questions to probe more deeply into an area, or to go more broadly than first anticipated. The researcher can react to direct verbal requests for clarification of a question and can act on perceived non-verbal cues as well. Some of the difficulties with interviews are replicability, misinterpretations due to cultural differences, that they require cooperation of interviewee, and can be subject to ethical dilemmas (Marshall & Rossman, 2021; Thorne, 2016, 2020).

### **Material Artefacts**

Material artefacts are physical products or representations available for examination. Although I did not plan to ask to examine such documents, the possibility of being offered these for review by the CEOs I interviewed existed and indeed manifested in the first interview I had with a CEO. I only accepted these because they were publicly available documents, thereby not necessitating another layer of approval. Compared to gathering data via survey and interview, material artefacts have an advantage of being static. Historically, these would have been physical paper copies. In keeping with Weber's (1946/2011) notions of bureaucracy, they provide a consistent and faithful rendering whenever they are accessed. For the purpose of this study, material artefacts (Marshall & Rossman, 2021) included orientation or training manuals and materials and program approval frameworks. Information provided by participants was verified against these documents. It confirmed information about the administrative processes of recruiting, orienting, and educating the NEPAC members. Manuals are dependable in terms of reliability and remaining static or updates often noted in the document itself or in agenda or meeting minutes. I assumed that anyone facilitating an orientation or training session followed it faithfully. It is with these noted limitations that I approached the use of these in the study. With today's technological capabilities and a shift from paper to digital formats, I believed I was likely to find a blend of these existed and without exception, digital formats were shared, not paper copies.

## Field Notes

According to Neutens and Rubinson (2014), field notes form the most important part of data collection in qualitative research. They cover anything and everything the researcher believes is important. Descriptions form the basis of field notes. They are used to capture quotations; the thoughts, feelings, and hunches of the researcher; and an evolving interpretation as to the meaning or significance of events. Patton (2015) suggested that emerging analyses, interpretations, and the researcher's insights likewise be recorded in field notes. Richards and Morse (2023) asserted that field notes are appropriate and supplement interviews no matter the method.

Neutens and Rubinson (2014) suggested that researchers keep the following types of field notes: (a) Methodological notes detailing my planning and completion details of the research project, (b) Observational notes to provide a record of what I saw and heard, and (c) Theoretical notes, that is, my "self-conscious, controlled attempts to derive meaning from any one or several observation notes" (p. 184). Furthermore, field notes helped me to establish links between items and create themes. Polit and Beck (2011) added a fourth category, personal or reflective notes, which I used to capture my feelings. Glesne (2016) categorized personal or reflective notes a bit differently, that is, as autobiographical comment. She posited that it was through this vehicle that the meaning of the research is created in examining the interactions with the participants, along with my reflection on and interpretation of the interview data.

Lofland et al. (2022) advised that when it is not possible or appropriate to pull out a notebook and pencil to jot down notes, that as the researcher, I should simply pause to make a mental note-to-self and as soon as possible and routinely make time to record these more fully. Here again, my years of experience in nursing have required me to hold a significant amount of information (observations, measurements, details of interviews) in mind to process via charting, reporting, or following up on in subsequent interviews (sometimes months later). Glesne (2016) cautioned *vis-à-vis* waiting too long to elaborate and make connections between notes stating that while studies do vary on the actual elapse of time that memory does degrade and the researcher risks forgetting the salient and important details and nuances that may be important for interpretation of the data.

Because categorizing qualitative data from field notes is more art than science, Guba and Lincoln (1981) recommended sorting at least three times. One pass each through the data to

looking for common themes, special themes, and themes of a theoretical nature will enable researchers to establish their own constructs.

### **Data Analysis Processes**

Several authors, (Braun & Clarke, 2022; Creswell & Plano Clark, 2017; Thorne, 2016) discussed procedures for data analysis and outlined strategies to ensure data persuasiveness for qualitative data as opposed to their rigour for quantitative data. These strategies vary with the various phases of working with the data that included some version of preparing data for analysis, exploring, and analyzing the data, representing the data, interpreting the results, and finally, validating the data and results.

Much of the analysis of qualitative data entails the researcher interpreting and making sense of, or constructing meaning from, the data. Qualitative analysis renderings include descriptive, analytical, and interpretative presentations of data. Once collected, data generally have to be prepared, organized, read, memoed, interpreted, and coded. Madden (2022) suggested that first the data need to be inspected and a determination of how much cleaning will be undertaken by the researcher. For example, the researcher may want to remove hesitations and placeholder vocalizations, such as umm and er (denaturalize the data). I took this first step to and denaturalized the data to facilitate the flow of reading.

Next, I reread the text several times with different purpose each time. The large volume of text generated even from a few participants, while daunting, can result in richly detailed accounts. It was important for me as a researcher to become intimately familiar with my data. Reading the responses several times first familiarized me with the data, facilitated comparison across participant interviews, and interpretation of the data contributed to a deeper appreciation of participants' experiences. Consistent with Thorne (2016) and Braun and Clarke (2022), ongoing engagement with the data was necessary.

Reading and rereading the data is meant to help to reveal associations and relationships not apparent on a single reading. As I conducted the interviews, I began reviewing transcriptions at the conclusion of the first interview. I analyzed and compared data on an ongoing basis, not waiting until all the interviews were completed to start the process. Tentative theme identification began after a few interviewees' transcripts were reviewed against the audio recordings. These activities continued until the final interview was transcribed and the final transcript release received at which time I could then categorize data. Interviewees had 5 days to

review their transcripts and return any comments (and ask to discuss them) and the transcript-release consent form.

Braun and Clarke (2022) described a recursive process in working with the data. I started by familiarizing myself with the data, reading each transcript in its entirety a couple of times and assigning codes. Contrary to Saldaña (2016) who advised one word or a short phrase would do for a code, Braun and Clarke recommended codes more than a word long, so that if someone took away your data and left you with the codes, they should be descriptive enough that you could still summon to mind the data you reviewed. I did find this challenging, again I attribute it to the work from my literature review. However, areas I did not focus on intensely in the literature review in my proposal phase, first struck me as problematic until I could resolve how they connected to one another.

Once I completed coding the data, I identified initial patterns and themes (Braun & Clarke, 2022; Creswell & Creswell 2022; Thorne, 2016, 2020; Varpio et al., 2017). Themes are not coded as such. They “may arise from the coding, categorization, and analytic reflection” (Saldaña, 2016, p. 13). This description of themes emerging from the data is likely rooted in, and an artefact of, the grounded theory approach (Varpio et al., 2017). Interpretive description allows for comparing similarities and differences, and how various participants' experiences relate to one another (Thorne, 2016). Kiger and Varpio (2020) described codes as bricks and themes as walls built of bricks. I found this analogy helpful in creating themes. I worked with the data a few more times refining the categorizations I made consistent with the struggles Braun and Clarke (2022) addressed. Braun and Clarke parsed the theme creation as three steps though the process is not prescriptive. Broadly, these phases are theme generation, development, and refinement. I did find the process iterative and reflective; not rigid, sequential steps. For example, I transferred chunks of transcripts into an Excel spreadsheet, using one sheet for each type of participant role, as it related to the questions I asked. This strategy allowed me to have the text close together for easier comparison. I found that as Braun and Clarke (2022), Ravitch and Carl (2021) and Thorne (2016) noted, Thematic Analysis or Interpretive Description are considered as emergent methods and not all my questions were identical, and this posed some minor challenges for analyzing or comparing data. I modified or changed the questions in response to the participants' role and length of time working on the committee. I wrote on the transcripts, kept index cards, and created a table to appeal to neatness. The index cards were quick to move around, regroup, and reconfigure.



I appreciated the cautions given by scholars (Braun & Clarke, 2022; Taylor & Ussher, 2001; Thorne, 2016) about themes not emerging from data, it was a concerted effort to step back and to try to go deeper to ascertain or construct a latent meaning rather than the more superficial semantic one. Each time I reviewed the data; a word or sentence might stand out in a different way. I attribute this to reading the transcripts grouped by one type of respondent (CEO or committee member), by province, or by profession. Thus, I found reading the data several times is indeed useful. My data are presented in tables and text (interpretation).

Braun and Clarke (2022) and Thorne (2016) advised that data saturation is not the aim of their research methods. Varpio et al. (2017) explained this well, noting that one cannot say for sure that saturation is reached. They took particular issue with (post) graduate research which has to go through ethics approval and state ahead of time, the number of participants. Can you know ahead of time how many are necessary, and can you wait to complete your analysis anticipating saturation will occur? In this study there were only eight participants, filling three roles (CEO, and committee member either from membership as a whole, or as staff assigned to the committee.

### **Trustworthiness in Qualitative Research**

Trustworthiness does not equate with generalizability. In qualitative research, Lincoln and Guba (1985) suggested that trustworthiness can be achieved via three means; the use of (1) dependability and confirmability (reflected in my audit trail), (2) transferability (via description), and (3) credibility (accomplished by engagement and familiarization with my data). Bloomberg and Volpe (2018) asserted that in providing descriptions and analysis of the data, an audit trail is created by the researcher. This audit trail serves as evidence and should reflect the participant's experience of the phenomenon.

Creswell and Plano Clark (2017) discussed procedures for data analysis and outlined strategies to ensure persuasiveness for qualitative data. The strategies varied with the different phases of working with the data that include preparing data for analysis, exploring and analyzing the data, representing the data, interpreting the results, and finally, validation of the data and results. For my qualitative data, I ensured accuracy of the data by checking the transcripts against the audio recording, member checking, and making my data available to the primary investigator for review and input. I also checked for reliability and used validation strategies such as looking for disconfirming evidence, not cherry picking the data. Although member checking is a

suggested strategy strongly promoted by Lincoln and Guba (1981), when interviews are recorded, this is not viewed as necessary (personal communication V. Hajnal September 2012). In an aptly titled article, “Is that what I said?” Mero-Jaffe (2011) raised potentially ethical issues in sharing transcripts with participants.

In a similar vein, Thorne (2016) was hesitant to have participants involved in verifying themes. Varpio et al. (2017) posited that using member checking in an interpretive approach is inconsistent with constructivism. As the researcher, I play a different role than the participant. My perspective is rendered in the findings and in all likelihood will not be an exact match to a participant’s. On the other hand, Hole (2014) and Teddlie and Tashakkori (2020) suggested this is a good practice, and transcripts can be provided to participants who opt to review these.

In the Carkhuff method of counselling (one of which I was first schooled), when we work with people, we begin with the level of content, and then next in the process, revisit the content looking for meaning (Carkhuff & Anthony, 1979). Many readers will have had the experience of saying, or having said to them, “That’s not what I meant.” Thus, allowing member checking is considered a transparent process affording the participant the opportunity to (re) consider their answers. I believe arguments can be made on either side of the issue. In the spirit of transparency and mutual respect between the researcher and participants, I did provide the Zoom transcripts to all participants. Only two had clarifying comments or additions that they shared. These were not contradictory to what was said and captured in the transcript consistent with my initial understanding.

### **Dependability and Confirmability**

Dependability is analogous to validity as is confirmability to objectivity in quantitative research. There is, of course, no statistical analysis in my qualitative research study. My audit trail serves to enhance dependability. Although not included in its entirety in this dissertation, all of my data were made available to the Principal Investigator (PI). Confirmability (Bloomberg & Volpe, 2018) is somewhat elusive. To mitigate this as the researcher, I was reflexive in my work (examining my biases, suspending judgment of the participant and their experience) collecting and initially working with my data. This did become more difficult when coding and creating themes because of my own experiential background and knowledge base. I had started out this venture planning to do a mixed-methods study. My previous course work in the Department of Education Administration and delving into the literature informs my thinking, as is my own,

albeit dated, experience on a NEPAC. I kept asking myself how much this was influencing my analysis of the data and was consistent with what Thorne (2016) advised was the recommended practice.

### **Transferability**

Bloomberg and Volpe (2018) suggested that it is the reader, not the researcher, who determines the transferability of a study to another context. Imagining and applying the findings to a similar but different context is how Patton (2015) discussed transferability. I have provided detailed information as to the context of the experience and a full description of this phenomenon. I have, as a second strategy, developed an audit trail comprised of five of Halpern's six criteria (1983) as detailed by Lincoln and Guba (1985). Carcary (2009, 2021) built on this work and has developed and divided this into an intellectual and physical audit trail and checklist for guidance. The intellectual audit trail serves to capture the researcher's reflexivity and insights. As my audit trail I have:

1. A complete record of raw data (transcripts, documents, records, and field notes).
2. Data reduction and analysis products (summaries, write-ups, the theoretical portion of my filed notes).
3. My data reconstruction and synthesis products (for example interpretations and my final report).
4. Process notes (methodology, trustworthiness).
5. Documents outlining my intention (e.g., my proposal, the personal note portion of my field notes).

### **Credibility**

Credibility according to Bloomberg and Volpe (2018), similar to transferability, is gauged as a match between the researcher's interpretation of the participants' insights. As the researcher some examples of how I accomplished this include keeping field notes and (a) journal(s) of reflections. I used these to capture my thoughts, insights, and ideas on (my) assumptions. Reflecting on biases is a second means to this end, and member checking is a third. Triangulating my data (between three points of view of program approval), provided another basis to consolidate credibility. Again, I found several rounds of interacting with the data, as recommended by several researchers, proved to be useful in achieving this.

Given the dearth of research in this area, I developed my own questionnaires after reflecting and based on the literature I reviewed. As noted, this study addressed a gap in the literature and no suitable interview schedule was found to use or adapt.

### **Potential Ethical Issues**

This study was not experimental in nature. No adverse effects were anticipated for the participants themselves. The participants were not considered to be a vulnerable group; in fact, professionals are often considered a privileged group. Responses are not to be attributable to individuals and are aggregated or anonymous (attributed to fictitiously named respondents or a composite representative). I took all necessary precautions to protect participant's identity. I struggled with instances where someone's credentials or position might reveal or point at their identity. I estimate the potential pool of participants in western Canada to be fewer than 50 people. In a profession, vs the public at large, this significantly narrows the field and discerning people who are in the know, may make guesses at the participant's identity. Thus, I have omitted that specific information in the interest of anonymity.

Before embarking on the study, I received approval from the Behavioural Research Ethics Board (Beh-REB). My consent form included a statement about minimal risks for participants, the opportunity to ask questions ahead of time, the right to withdraw from the study (before the aggregation of data), for any reason, without consequences. Participants could also opt to have their camera turned off. I had no real use for the video recording of the Zoom interview. As noted elsewhere in this paper, I did refer to them twice to aid in clarifying the transcript. The consent form is Appendix C.

I could not contact participants directly; the Regulatory body or Professional Association forwarded my invitation to potential participants or posted it in an online newsletter. They do not share private information such as members' e-mail addresses. The consent form contained detailed information on the study. Participants were asked to sign the consent before we began. They also had an opportunity to sign a transcript-release consent form and understood that after a 5-day period to review the transcript, in the absence of a returned release form, the transcript would be used.

At the start of each interview, I verbally obtained consent at the start of the recording. I made a statement to the effect that I have received your consent form and want to verbally capture your consent on this recording which I have just started (Zoom has 'pop-up windows')

indicating the session is being recorded, that closed captioning is being used, or that a transcript is being produced, and allows anyone to decline to participate. It likewise notifies that a transcript is available). Near the end of the recording, when the interview proper was completed, I reminded the participant I would send the transcript for their review and the transcript-release form to sign. I stated I would send the transcript as a PDF document that they could insert comments into, or they could e-mail, phone, or we could arrange a Zoom meeting to discuss any concerns, questions, or clarifications about the transcript.

**Data Storage** Survey data will be stored electronically for 5 years at the University of Saskatchewan on a secure database, in compliance with University of Saskatchewan policy. The signed consents both for the study and transcript-release were uploaded to the PI's shared OneDrive folder. Only the researcher and PI were privy to the names of the participants. These will be retained for 5-years after the completion of the study as per University of Saskatchewan policy. After 5-years elapse, retained records will be destroyed in accordance with said policy.

### **Summary**

This chapter outlined the methodology for an interpretive study exploring nurses experience with their respective pre-licensure Nursing Education Program Approval Committees (NEPAC). I presented my perspective as the researcher. As a qualitative researcher I took a constructivist approach to my research. Qualitative researchers believe there are many ways to experience reality whereas realists believe there is a single reality. Constructivists are at a midpoint on a continuum between objectivism and subjectivism. I provided details about my research design, data collection (primarily interviews), and analysis. I believed that taking a constructivist stance in my qualitative research methodology and using Interpretive Description would facilitate examining my participants' phenomenological experience in NEPAC and allow me flexibility in my study.

I invited participation from nurses across the four Western Canadian provinces. I interviewed a purposive sample of eight participants via Zoom. I believed Zoom allowed me a good- enough experience with the participant while we each remained in our respective offices. I grant it is not an identical experience to visiting the participant face-to-face, not mediated by technology. Given I was only interacting with one person at a time, I could my attention on the non and para-verbal cues of the participant and review them via the recordings.

I discussed approaches for ensuring trustworthiness and ethical matters. In qualitative research trustworthiness is comprised of three elements. Firstly, dependability and confirmability are addressed by an audit trail and my work being fully available to the PI. The audit trail also serves as a means to transferability, the second element. Third, credibility, is the match between the participant input and the researcher's interpretation.

My research questions served to guide my research interviews. In my analysis in Chapter Four, I will examine in greater detail the data of these first-hand experiences and provide quotations to aid in creating themes, and provide insights, to add richness to our understanding of who participates in evaluating pre-licensure nursing education programs and how they are motivated to volunteer for and are prepared for this role or function. I interviewed select CEOs of nursing regulatory bodies and NEPAC members of pre-licensure educational programs in Western Canada. Interviews produced qualitative data to shed light on how Education Approval Committee members are prepared and developed to fulfill this role.

## **Chapter Four: Descriptions Of Participants' Experiences**

### **Introduction**

The purpose of this study was to explore how the recruitment, preparation, experience, and characteristics of members of preprofessional (educational) approval committees in the context of program approval, meet their obligation to serve in the public interest. I believed, as the researcher, that an understanding of this would be of value to regulatory bodies/professional associations, pre-licensure (nursing) education program administrators, legislators, and interested members of the public.

In Chapter 3, I laid out the methodology and methods used in my study. To gather data for my qualitative case study, I conducted interviews with eight individuals from the three regulated nursing professions in western Canada —Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Registered Psychiatric Nurses (RPNs)— who had experience with the preprofessional education program approval process. I interviewed CEOs, members of the respective Nursing Education Program Approval Committees (NEPAC), and staff support to these committee members. In this chapter I present the denaturalized interview data of the participants' experience with pre-licensure program approval.

I conducted my interviews via Zoom. Zoom is a videoconferencing application (app) that became widely used during the 2020 COVID-19 pandemic. It can be used on computers, smart phones, and other smart devices such as tablets. In addition to the capabilities noted above, it is free to use as a student in my educational institution. A web version can be used so the app does not have to be installed on the user's device. Furthermore, in my case, it allowed for ease of participation from anywhere in western Canada. Prior to this, long-distance phone charges would have been incurred or travel away from my home city or province necessary.

Built in features of Zoom include the ability to record the interview and produce a video recording, an audio recording, and a transcript of the interview. Although I had no need for the video recording, it did prove useful when clarifying the content of two of the transcripts. Voice recognition has significantly improved over the roughly 15 years since I first used it, but it is not perfect. Also, pauses are populated with what might be placeholder vocalizations in a conversation (umhmm, great, OK, etc.) but they were not present in the recording. Thus, in denaturalizing the transcripts for final analysis,

1. I removed these placeholder vocalizations and duplications/false starts, (e.g. “so do you, do you...” would be denaturalized to “do you...”) and minor adjustments to language (e.g., ordering of words) to facilitate reading the responses.
2. Any words or statements that might reveal the identity of the speaker were removed.
3. I removed information irrelevant to the experience.

Some scholars such as Ravitch and Carl (2021) advise against denaturalization. Because I was not taking a discourse analysis approach to my data, and I had the reader and ease of reading in mind, I chose to denaturalize the responses. I did not detect any hesitation in answering my questions; nothing that indicated a problem with answering or understanding the question or reflective of hedging the response. There were a couple of instances where I note the paraverbal cues such as tone of the response as being emphatic or enthusiastic. In one instance I state my belief that the participant was searching their mind that they were using the right terminology. Overall, answers were straightforward, it did not seem participants were trying to please me as the interviewer or make themselves or anyone else look good or bad. I had this general discussion with a colleague about my impressions when I had finished my interviews. This dialogic engagement was encouraged by Ravitch and Carl (2021) providing it is done in general terms and there is no disclosure that would violate ethical comportment of me as the researcher.

From my University of Saskatchewan Outlook account, I e-mailed the nursing regulators/professional associations of nurses in western Canada. My e-mail explained I was wanting access to current or immediate past members of NEPACs as well as the current or immediate past CEO. My e-mail included an invitation to participate in my research, my consent form, and contact information. My initial e-mail was sent to the general inquiry e-mail of the respective bodies. I had some initial responses over the next couple of days. When I was not receiving any sort of personalized acknowledgment or response, I then forwarded the general request to the CEO and / or Registrar, as per information available on the website or Facebook (undergoing name change to Meta). Where committee members were identified in the most recently available (online) Annual Reports, I included those names as the potential participants to highlight the limit of my request. I correctly believed these bodies would not share private information such as e-mail addresses and my requests were subject to the policies of the respective entities. I conducted interviews with eight individuals from three regulated nursing professions in western Canada with varying years of experience with the preprofessional



education program approval process. I interviewed CEOs, members of the respective Nursing Education Program Approval Committees (NEPAC), and staff support to these committee members. All interviews took place over Zoom at the mutual convenience of the participant and the researcher. I let potential participants know I was open to scheduling interviews 16 hours per day, 7 days a week given that many nurses are shift workers.

### **Participants**

I had eight participants in my study. I have assigned a gender-neutral pseudonym to each (Table 4-1).

**Table 4-1**

*Participants' Practice Areas/Experience*

Participant Pseudonym	Years of Practice	Areas of Practice
Bobby	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• neonatal</li> <li>• intensive care</li> <li>• orthopaedics</li> <li>• emergency room</li> <li>• outpatient care</li> <li>• acute care</li> <li>• home care</li> <li>• oncology</li> <li>• administration</li> </ul>
Chris	10+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• rural nursing</li> <li>• emergency room</li> <li>• administration</li> </ul>
Dana	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• inpatient care</li> <li>• correction</li> <li>• mental</li> <li>• health</li> <li>• education</li> <li>• administration</li> </ul>
Kelly	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• community hospital</li> <li>• northern nursing</li> <li>• day surgery</li> <li>• home care</li> <li>• management/administration</li> </ul>

*Participants' Practice Areas/Experience (cont'd)*

Participant Pseudonym	Years of Practice	• Areas of Practice
Kim	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• general float pool</li> <li>• rural nursing</li> <li>• remote nursing</li> <li>• northern nursing</li> <li>• dialysis</li> <li>• administration</li> </ul>
Lee	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• intensive care</li> <li>• emergency room</li> <li>• education</li> <li>• researcher</li> <li>• management/ administration</li> </ul>
Lou	25+	<ul style="list-style-type: none"> <li>• direct care adult</li> <li>• rehabilitation</li> <li>• orthopaedics</li> <li>• neurology</li> <li>• education</li> <li>• management/ administration.</li> </ul>
Stacy	25+	<ul style="list-style-type: none"> <li>• direct care</li> <li>• critical care</li> <li>• northern nursing</li> <li>• post-surgical nursing</li> <li>• clinical nurse educator (CNE)</li> <li>• management/ administration</li> </ul>

Participants' backgrounds covered a wide range of practice areas. Some had stated both management and administration and I reported the response as such. Although some had been educators none were currently educators. In a province with few programs being an educator could constitute a real or perceived conflict of interest.

**Participant Demographics**

At the beginning of the interview, I collected some demographic data summarized in Table 4-2. Age and year ranges were used rather than exact numbers to aid in maintaining anonymity. Participants age range was in each decade range spanning their 30s to their 60s.

Years in nursing ranged from 10- 25+ years in a variety of practice settings. The level of education was either a baccalaureate or a master's degree. One baccalaureate degree was not in nursing, and two master's degrees were not in nursing. One participant had completed course work for a PhD but had not completed the degree. None of the participants had any education related to program evaluation or approval in their undergraduate or graduate programs. One participant had a fellowship in regulatory practices from the National Council of State Boards of Nursing (NCSBN). One had recently undertaken (but not yet completed) a newly available and first program for program approval offered through the USA based National Council of State Boards of Nurses (NCSBN). One had limited instruction on this topic as part of a 40-hour Leadership certificate program. Roles of the participants included CEO, staff support assigned to the NEPAC, and committee members volunteering from the membership base. Participants involvement in cycles of the education program approval ranged from a partial cycle (less than 1 full cycle) to three or more (3+) cycles.

**Table 4-2***Demographic Characteristics of Participants*

Category	n
<b>Age</b>	
30-39	1
40-49	1
50-59	3
60-69	3
<b>Years Employed as a Nurse</b>	
10-19	1
20-29	7
<b>Highest Level of Education</b>	
Baccalaureate	2
Master's	6
<b>Degree other than Nursing</b>	
Baccalaureate	1
Master's	2
<b>Formal Education in Program Evaluation/Approval</b>	
Yes	2**
No	6
<b>Role</b>	
ED/CEO	4
Staff support	2
Committee member	2
<b>Cycles of Involvement with Program Approval</b>	
<1	1
1-2	3
3+	4

*Note.* n = 8 A small sample size is common in qualitative research where the objective is not predictive power or generalizability but understanding and transferability.

The transcripts were checked for accuracy through member checking.

1. Copies of the transcript were sent to each participant for review and comment/correction.

2. The Principal Investigator (PI), an experienced researcher, had access to all raw transcripts, the denaturalized transcripts, my coding, and data analysis.

I interviewed eight participants. I used two sets of semi-structured interviews, one set for the CEOs and one for committee members. I had not anticipated the participation of support staff as a committee member at the outset of this study. As a cadre, I thought they might provide a

unique insight and, consistent with emergent design (Braun & Clarke, 2022) decided to include them. I reasoned that they are members of the regulated profession and regulator for whom they work and included them as committee members. For the support staff, I used a somewhat different scheme of questions for their interviews given their unique and ongoing role compared to members who had term memberships to fulfill.

According to Ravitch and Carl (2021) this could be viewed as a fashion of customization wherein questions can be altered, posed in different sequences, and have different follow up questions. I could have done more of this deliberately had I not been a novice juggling several things at once. When I read my transcripts, this was an emerging skill I identified I could develop. The questions were based on a blending of the two semi-structured questionnaires I developed. I believe that to some degree, their participation served as triangulating the perspectives. CEOs, typically not part of the committee, would have one view of the preprofessional education program approval process. Assuming or given the span of their tenure, they could bring a historical or high-level view of changes to regulation over time. Support staff likewise could have a longer-term view homing in more specifically about changes to or affecting the program approval process. Committee members, volunteering from the membership, would presumably change according to term-limits set out in terms of reference. I assumed they would start out as novices and gain some facility with the process of program approval. Public representatives on the board were not included in this study.

The question I sought to answer in this study was what are the education and experiential characteristics of individuals who sit on committees or boards to plan, conduct, or approve nurse education programs and how does this align with self-regulation in the public interest?

In this section, I present/describe participants' denaturalized responses. My participant excerpt is usually presented as single-spaced, block quotation to differentiate it from my words as the researcher.

**Education is one of the defining characteristics of a profession. Most preprofessional education of health professionals does not include a focus on the education process or on program approval. How are members recruited to volunteer for this position?**

Regulators described the process of building their education approval committees as the responsibility of the CEO. Terms of reference contain specifications about the committee composition.

The CEO appoints the public representative members and can assign a staff support person to the committee. Note that the public representatives on the Council are government appointments: public representatives on committees are under the purview of the CEO. The regulators have a mechanism for recruiting regulated members of their profession from their membership. This was embedded in the annual licensure renewal process, or the regulator circulates a call for volunteers on an annual basis. The regulator may specify they want members that will represent a variety of areas of practice, domains of nursing, and geographic locations. Examples of practice areas of nurses include general medical-surgical floors, community practice such as public health, or home care. Domains of nursing include practice (direct patient care), education, administration (including regulation), and research. Geographic areas often specify rural, remote or northern nursing, and the urban setting. The urban setting can be reflective of where tertiary or large teaching hospitals are likely located in a (smaller) province. These typically serve a larger population and a broader spectrum of patient (needs) and more acute cases. CEOs identified that a background in education, particularly curriculum, was desirable for the NEPAC. This did not translate to seeking nurse educators to be on the committee given the potential or optics of a real or perceived conflict of interest. Some nurses have a background in education before coming into nursing, public representatives and sometimes a regulated health professional other than a nurse can bring this background to the NEPAC table. Lou gave the most detailed response in terms of recruitment.

...in terms of recruitment, all for our members typically, our process is during annual renewal registration, part of the registration role is members can choose which committees that they would be interested in and so that goes into our database. Then the Staff Support person would follow up with those interested to arrange for an interview, references are done, and then, if it moves [forward], we have criminal record check done. The staff support would provide orientation. It would start generally about who we are, the mandate and those pieces. We have a structured orientation manual for committees. We have lots of program approval documents, a manual, the curriculum mapping, the process that we undertake, and it's all transparent. The support staff would review those with the new committee member.

Lou's answer's thoroughness reflects the structural elements supporting or driving the process of recruitment. The other CEOs detailed their processes encompassing jurisdictional nuances. Most of them referred to or looked up the NEPAC Terms of Reference. They provided other specifics such as a background in education and especially curriculum with the caveat the member could not be a nurse educator in a nursing preprofessional education program. It was

acceptable to be a Clinical Nurse Educator in a health care facility, or to have gained curricular experience in that manner (see Stacy's qualifications in next block quotation). Nursing students and some nurses are required to have a criminal records check as a condition of being a student or employee working with a vulnerable population. Lou's response shows this requirement is carried through to the committee level as a safeguard.

Chris's response was the outlier amongst the participants. The College that employs Chris is in the process moving that regulatory body beyond changes identified by the CEOs I interviewed for this study. Chris characterizes a structure utilizing committees as having been useful for a particular time, but one that has outlived its usefulness in the context of an association model given their move to a single mandate organization. Chris's College has hired a staff member whose main responsibility will be NEPAC and there is no recruiting for volunteers. More will be presented in this paper to capture Chris's unique view in other sections of in this document. Despite being the outlier in this regard, it is important to present differing viewpoints.

Participants' responses signal their motivation to volunteer and participate on the committee. Stacy had been indicating interest to serve on a committee several times and time had elapsed when the following occurred.

Well, every year you do your license renewal forms and I've always checked off that I would do something. I had to phone to talk to a practice advisor [i.e., the regulator] about some concerns that I was having at work, to work through it with a staff person [practice advisor]. And just in conversation she said, "we have this need" and so we went through the process and I joined. I guess they had been looking for somebody from my geographic and practice area. I was a manager from an urban area. I brought a very different perspective to the group with my varied background in practice. I had done some curriculum development for orientation to a new critical care unit and for some acute care nursing for staff. And I'd done some preceptorship and nursing groups. I wouldn't say that I'd be overly prepared other than I understand the need for competent nurses coming out the other end of education.

Stacy initially believed they had a suitable background to contribute to the profession in a broader capacity than through employment as a direct-care nurse. The timing was fortuitous. During a session with a consultant of the regulator, Stacy confirmed continuing interest in the committee some background experience (with curriculum development), area of practice (administration), and working in an urban setting, all of which were a good fit to fill a vacancy on the NEPAC. Agreeing to join the committee can reflect confidence in oneself. Not being accepted the first-time interest has been stated and was not a deterrent to continuing to indicate

interest thus reflecting tenacity and perseverance. For the orientation and education of members similar processes were described from the perspectives of CEOs and committee members. Education materials were made available via thumb or shared drives. The staff support person oriented the members providing basic general information (e.g., the mandate of the regulator) to specifics about program approval including types and processes. Kim offered the following:

...we've set up a SharePoint for them, so we've uploaded some education material, some basics things into there. And then as the staff resource person, I spend 2-3 hours going through the material— exposure to the legislation, standards of education, and then also knowing that as they work through either the annual monitoring reports for the schools and also a school that may be under full evaluation that there's some guidance and pointing that out. We make certain that we have some information in the portal for them to access and then we are now doing annual cultural humility education with our staff, with our board, and committee members...

Kim's statement here, and other information elsewhere, illustrates the effort undertaken by the regulator to make the necessary education materials for the committee a 'one-stop shop.' This approach might be appreciated by NEPAC members in that they are not expected to (or expecting to) go looking for additional information, although they may do so. The regulator can ensure the most up-to-date documents and resources are available for the work of the committee. Does 3-4 hours of orientation, to what might be considered the foundation of the profession, constitute an adequate orientation to program approval? The length of time was not raised as a concern by the members I interviewed. I had no public representatives on the committee and, given they are not members, it is possible they would have a different view. Lou had stated a part of the orientation is to the mandate of the regulator, the mission, values, and so on. Certainly, regulated members will have been through the pre-licensure education program, though this may have been decades ago.

Though not in the same province as Kim, Stacy shared a view aligned with this process.

... they sent manuals, and they did a short orientation. I'm going to say like lots of nursing, it's very on the job learning. I mean you can read about the process, but until you do the process... It was new which made it that we were all learning. Thankfully, there were a few members that were experienced [committee] members, and they could kind of relate it to previous approval processes. But the [entire] process was new [to everyone].

Stacy readily related that the nature of nurses and nursing required lifelong learning and on the job training (experiential learning). There is no end to new medications, procedures, diagnostic tests, et cetera, for most of which nurses, once graduated, get no formal training. Most of their learning is informal and incidental as described by Watkins and Marsick (1990) and



Marsick and Watkins (2018). A related concept is just-in-time learning (Yilmaz, et al., 2022) which might include pull or push technologically mediated resources and in some cases, result in digital badges being awarded as part of micro-credentialling. Stacy has also identified the difficulty of applying new knowledge. It is one thing to read information and be able to recall it, but quite another to apply it.

Bobby similarly recollected the following:

I got the all the information on the memory stick that was sent in a [secure] way to me, and then I had an opportunity to review it. I had one-to-one meetings with the staff support person and this was an opportunity to go over all of it. It wasn't, "just ask me questions." It was really going through every aspect of that orientation. And then, of course, there is an opportunity to ask questions.

Bobby recounted receiving a memory stick (USB drive) in the mail. Thus, like Kim's use of Sharepoint, everything is presumed to be provided by the regulator. Although the framework for program approval may be a publicly available document, any completed reports would be private, not for public distribution. Using Sharepoint and USB drives is also an example of using technology that can support sustainability initiatives (large volumes of paper are not being printed and physically mailed [paper, ink, postage]), and if utilized correctly, allows for confidentiality and privacy of the information shared. However, there is a variety of programs and technology. Changing platforms, programs, or applications may pose a challenge for committee members who are not familiar with these or with someone else's filing system or noting the file path for future reference.

As to the sufficiency or adequacy of orientation, on follow-up, Stacy was quick to share a sense of being unprepared, or of being a novice in this area. Uncertainty is a common experience with new experiences.

No, not really. I mean, I think it was very much learning as you go. It's a different process because it's very small pieces that you're looking at of a program to determine whether or not it is functional and so some of the pieces are challenging to see... I know some of the challenges of the different programs, seeing their students [exit] out. Did I feel confident? No.

Stacy again likens the process to on-the-job or just-in-time training. This can help the learner's immediate use of the content or skill being taught and avoids decay through disuse where the learner may forget information between exposure to the concept and its subsequent use. In this excerpt, Stacy's description also brings to mind a jigsaw puzzle. Pieces of

information provided relate to a whole that the committee member has to assemble and then compare it to what others on the committee have constructed. Then a determination has to be made as to whether the picture you have created is accurate and a useful match to program approval criteria (picture on the puzzle box). Some of those more challenging pieces were evidence the program or evaluator provided as is explicated elsewhere in participant responses.

Despite stating satisfaction with the orientation and education for the committee, on sufficiency, Bobby elaborated on how perceived gaps were filled.

Being new to [this] province, I didn't have clinical experience here, working with people in of the provincial Health Authority, for example. Make sure that you have an opportunity to ask someone: you also need a peer mentor who can help you. My peer mentor has a similar background. We are at the same kind of same age, you know what I mean, the same understanding.

As part of my own learning. I had to supplement because up until that time, I didn't really understand the whole concept of how curricula necessarily are built, what the content of the curricula are. I did my search online just trying to understand different aspects of that responsibility.

One thing that you know, it was important to me, and I would think that it's probably important to anyone... is understanding what guides this work, how did it become, looking at the Act and saying, where is this responsibility? where does this obligation come from? How did this even come about, why are we actually doing this?

Bobby accessed a peer and did some on-line searching (self-directed learning) to access more information to begin to satisfy their foundational knowledge to prepare for work on the NEPAC. Bobby also identified an unfamiliarity with the aspect of the Act governing the profession wherein the regulator approves the education program (self-assessment). Bobbi's actions were most in keeping with Tough's (1979) research and adults' learning. My participants had a minimum of 14+ years nursing, with most having more than 25-years' experience. Not all nurses have a comprehension of the legislation that governs their own profession, and this is one of the reasons for the jurisdictional exam that the CNO, amongst other regulators, requires members to successfully complete. One of Chris's comments was that people may have complied with '200 regulations before they get to work' and are not even aware of it. This tacit knowledge that one may not articulate or think about is different than what Bobby described.

**What linkages do committee members make between their role on the committee, the education approval processes and self-regulation in the public interest?**

All participants shared the view that the education approval process was in the public interest. Dana, one of the newest members to a NEPAC, stated,

There are two public reps that I met with one other member, and the public reps were quite active. I think that's a strong advantage of our committee. We have really strong knowledgeable public [members] who are coming with a strong regulatory lens as well as the members who bring their own perspective. At this point I didn't see anyone who seemed to have struggled with that [staying focused in the public interest].

Dana focused on the public representatives they worked with. Dana was confident the public representatives had the right lens and stayed focused on the public interest. (Bobby had some questions about public representatives which I will address in a later section.) Dana is not in the same profession as Bobby, has a different relationship with the public representatives, and may be viewing them through a different lens. Viewed as a strength of their NEPAC, Dana's experience supports Broscheid and Teske's (2003) and Wojcieszak's (2021) accounts of the positive contributions and outcomes that result from including public representatives.

Kim, who was more experienced than Dana, had a similar point of view in noting the role of the public [non-members of the regulatory body] on the committee and shared the following

...with the public member being part of this, as well as another [regulated] health professional, it's helpful to get some of those other perspectives about new and innovative ways to do things because they're always looking to make some of those positive changes. It's knowing what the public needs, as far as healthcare from nursing, and having that reflected in our frameworks that we use. Those would be the competencies, the standards, nursing program standards, or code of ethics would be the main documents and then making sure that that matches with our scope of practice information as well.

Kim did thread in the non-nursing members' role and augmented regulating in the public interest with reference to the structural pieces such as the standards, competences, et cetera that guide the process.

Lee offered this slant on ensuring the committee members stay focused on the public interest when referring to the entry level competencies.

So those entry level competencies [ELCs] are key. It's what the program is to build the curriculum on. And it is what we, as an organization have deemed to be the minimum level for somebody to enter the profession and provide safe care. We look very closely— where are those competencies addressed within the curriculum? How are they being delivered? Is it sufficient to develop beginning expertise and competence in those students? We do also look at the results of the National Exam, because the National Exam is also built on the blueprint of those entry level competencies. We're clear that the program is not to be teaching to pass the exam. They're to be teaching to the entry level competencies which then ultimately typically results in success on the National Exam.

Lee brings in a structural element, the Entry Level Competencies (ELCs) and makes the link between the entry level competencies (ELCs) for the education programs' curricula, licensure exam, and expectations of the graduate nurse. New graduate nurses are expected to meet the ELCs as a new graduate or newly registered member of the respective College. ELCs are in place to ensure the (new) nurse is a safe, competent practitioner. In other words, public safety or the public interest is front of mind and the *raison d'être* of the organization reinforced (Bolman & Deal, 2021).

Though in agreement, Bobby provided yet a different rationale for maintaining a focus on the public interest.

I think the work in the province by the regulator around separating the functions probably contributed to that [a focus on public interest]. I think people are pretty clear when they come there that this is really serving for the College itself rather than an Association. I didn't really see that [a focus on self-interest].

Here, Bobby talks about the change for the regulator from being an Association where regulation and advocacy, a dual mandate, for the profession can be in conflict for regulation in the public interest. Bobby currently serves on a NEPAC for which the regulator had recently made the change to a College from an Association, thereby having a single mandate for the regulator. The Biblical admonishment that a person cannot serve to masters is perhaps better replace by the adage, "A person with one watch knows what time it is, a person with two watches is never sure." The single mandate College model of regulation leaves no ambiguity as to whose interests are paramount. Chris did raise this as a past concern in their interview.

Chris had a very different take on volunteers from the membership fulfilling the role for program approval.

That leads directly into why the committee was dissolved, it's so difficult to provide education that prepared committee members for that responsibility. In our profession, only a small percentage work in administrative or education roles or come with that ability and competence. We always have had the process led by a consultant who would come with the competencies and have that background and experience. And in that committee structure people aren't appropriately equipped to do the work. We provided orientation, it's really difficult to provide appropriate education to prepare people for that role. In contrast, we have found the statutory committees, like investigation and discipline, the difference being there's education available for those. You know, our [the latter] committee members, get access to administrative justice education. That was the greatest challenge to that structure—appropriately preparing them for that responsibility. I'm not meaning to take away from the contributions of [the NEPAC] committee members, because they were valuable to us. But as we learn more about our role and the

significance of the decisions made in program approval, it became very clear it wasn't an appropriate structure.

Chris's response was that it was difficult to prepare volunteers to the membership of the regulatory body to fulfill their role and perhaps meshed best with my thinking as the impetus for this study. Like Lee, Chris expressed concerns about what the preprofessional education program lacked in terms of preparing members to take on the role of program approval. Neither Lee nor Chris was expressing it in terms of courses or content specific to program evaluation or approval, but rather courses that may engage critical thinking skills, and thinking about regulation or nursing within a broader framework with different analytic skills including statistical analysis.

Chris portrayed the consultant as taking on a disproportionate role for orienting members and evaluating the program. Using a consultant was not getting the biggest bang for your buck. Chris was not at all confident that with 10 people contributing, going back and forth, the result would be robust; instead, ending in a *pass along*. This statement was the only response I got that might suggest a performative exercise (tick-box), could take place. All other participants were adamant in their responses that program approval was not a duty to be taken lightly. It was not a pro forma exercise, ticking or checking off boxes. Program approval was taken seriously. Committee members did their due diligence of acting in the public interest. They discussed, debated, and deliberated as to whether the school's submission was complete with appropriate and sufficient evidence provided.

Interestingly, these debates between committee members were seen as value added to the process by Bobby and Stacey in particular. They were seen as learning opportunities and added rigour to the process for them. To a constructivist, these dialogic interchanges build on the scaffolding of already learned material and concepts. Either the staff resource person would eventually provide more context or information, or failing that, would liaise with the educational institution for the information considered missing by the committee. There was no grouching or negative comments about this by committee members. They described the staff resource person who would have to liaise between the committee and the education institution in very positive, collegial terms.

Chris also compared what is available for education of the NEPAC members to what is available to the statutory Investigation and Discipline committees. Elsewhere, Chris recounts that almost \$10,000.00 is invested in educating each of the latter's committee members. That is lost

when the committee member leaves, either because their terms are up or for some other reason. Investing it in a staff member performing that function may see a longer-term return on investment although there will be staff member turnover as well.

Despite the Association model and committee structure being viewed as not contemporary, in Chris's dealings with the committee acting in the public interest was evident, and not in question. Chris could however provide past experiences where registrants from the full membership clearly did not act in the public interest at the annual general meeting. An example offered was members voting against continuing professional education requirements. In their new single mandate role, members do not vote on bylaws as they once did. Chris acknowledged this change in legislation by the government resulted in the end of voting on bylaws.

**Do committee members have a sense of confidence about undertaking education approval?**

I have already noted, as a partial answer to the first questions above, Stacey's emphatic no to a sense of being prepared at the outset of serving on the committee and Bobbi's search for additional information. Stacey drew a comparison to working as a nurse and the expectation that you learn as you go and restated it a second time. "I'm going to say like lots of nursing it's very on the job learning," and "I think it was very much learning as you go (Stacey, participant)."

On graduation, nurses are expected to meet ELCs. They are not expected, by the regulator, to function as a nurse who has accumulated experience and presumably expertise on the job. Benner (1984) described a five-stage model of competence in nursing where competence is the midpoint stage and assumes 3-years of experience as a nurse in a single practice area, not one who has been in several practice environments. Based on this model, and the lack of education in program approval or evaluation in their initial or graduate education, it would be surprising to find a nurse on the committee assessing their self as competent in program approval.

I think it more likely that nurses have confidence in their ability to learn on the job or just-in-time as Stacey asserted. There are after all, any number of new pieces of equipment, new medications, new procedures, treatments, or polices, and changes in legislation of which to stay abreast. A career in nursing demands one to be a lifelong learner.

**How does the committee member compare their knowledge of the process at the start of their tenure on the committee and when the approval process and work of the committee was completed?**

Stacy was satisfied in contributing positively to the challenge of serving on the NEPAC. A new process for approval had been introduced and everyone, including committee members with previous experience approving programs and staff support persons, was faced with learning a new process.

Yes. I think they were going through a new process and I think they were behind because of COVID and the different [new] pieces. We did a lot of work in a very short period of time. Was I perfect by the end? No, I think there's always something more that you can learn. But by the end of my term, I certainly understood the process far better and had a better understanding of what we were looking for and how we were looking for, that there is a process that if the education program doesn't meet expectations that there is follow-up.

Stacy was realistic in their self-assessment that they did a *good enough* job (Ratnapalan & Batty, 2009) and the process had built in safe-guards to ask for more information. Getting clarification was not just acceptable but expected as part of a rigorous process. Fellow committee members with more experience did not try to deter Stacy from asking questions or seeking clarification for the sake of expediency. This included public members who, according to Smith (1999) or Wojcieszak (2021) might be in danger of yielding to the opinions of the experts (the regulated professionals).

Bobbi's self-assessed change was affirmatively frank and emphatic. Bobby related a positive view of personal and professional growth and change.

I'm not sure if I contributed meaningful[ly] in the beginning, because you're navigating. But I can tell you I definitely gained competence. Just as you know another perspective or aspect of nursing. I think it's really led to that understanding of how things work. Where do you look for information, and why? Same thing, the way it is, and why it comes through that way, it helped deepen the understanding and appreciation as well. And I still have millions of questions.

Emphatic about gains in competence, Bobby recognized

there is more to learn, many questions are unanswered or keep arising as a result of reflecting on the experience. At first it is a little disorienting. You have to find your way and make sense of what you know and find information to fill in the gaps.

For Bobby it was connecting with a mentor, online searches for information about curriculum, and learning from other committee members either vicariously or from stepping back and reflecting on a different point of view. A person with a growth mindset (Dweck, 2006) continues on when faced with adversity, embraces challenges, and learns from mistakes, and

accepts them as part of learning. Can it be that what the person brings to the table is as or more important than what they get at the table? Dweck and Leggett's work (1988) examined motivation and learning, and this is another part of what volunteers for the NEPAC bring to the table, or even how it is they end up at the table. What individual characteristics bring and keep these volunteers at the table of program approval?

Kim has been through a number of cycles of program approval. The province Kim practices in also has more than one program to approval.

We have a few programs in our province, they have worked through each of those programs moving from one level of education to a higher one and then and then some of the rough transitions, whether it was resources, as employers became more aware of the scope of practice and we were requiring a more stringent standard of education. Our Standards are in our legislation. Our Standard indicators are also, but our outcome indicators aren't in legislation. We recently did a revision of them to make them more current... I think the situation, our members who have seen the transition from initial submission and then [the program is] approved with conditions and the work that's been done to bring one program in particular to full approval—they [the committee members] just see that transition in in the written submission. It's been, you know, quite blatant and obvious.

Kim has noted significant changes in committee members as summed up in this statement; referring especially to a program that had deficiencies, and which had to complete remedial work to achieve program approval. Committee members stuck with the process [continued with another term on the committee]. Seeing the process through to an end point was important to the work of the committee members. It might have been convenient to come to the end of a term, not renew it, and pursue other interests; but members showed persistence in the face of a challenge, again, consistent with a growth mindset. The committee members, according to Kim, are invested in the process to ensure that graduates are exiting an approved program so that they are safe competent members, and the public interest is upheld. Education program approval is not rubber-stamping a program.

There are standards to be met and the NEPAC members take this seriously. Lee had similarly pointed out that the education program approval process is not merely ticking off boxes. Again, the process is presented as essential and taken to heart by the NEPAC.

**What is the change in self-assessment of efficacy as a member of the committee from the start to the end of the process and what contributes to this?**



The members reported a self-assessed increase in efficacy [and confidence] as noted in question 4 above. Leading up to this question the participants had been asked a series of questions about the orientation and education that was provided or which they sought out, and time commitments for this committee. Bobby gave the most detailed response and made reference to allotting or scheduling times for committee work in their calendar and that they could go back to verify the times. This response also reveals that Bobby has been involved with the process more than once.

If I think back on orientation, there is a formally scheduled orientation. I spent 2 days just reading the material, trying to orient myself, and for every meeting you go over pieces because you have to refresh your mind. In terms of, preparation, orientation, I would say, totaled 3 days, just time trying to understand the concept[s]. I actually block my calendar because otherwise you can't manage. I block my calendar to review the documents again, that [are] applicable for that that assessment, and then the actual assessment going through the documents. This is before we actually get to our own conversation before we get to the meeting. Because I need to understand what I'm reading. Then the meeting process itself with others or discussion process.

In the foregoing passage, Bobby was thinking intently and being scrupulous in accurately calculating the time spent on the NEPAC, offering to check calendar entries. Bobby considers what activity the NEPAC might have on the agenda, the differing time requirements, and noted that this is Bobbi's own process, allowing it might be different for others. Again, Bobby outlines the process of re-orienting to the material and the process, being very methodical in clearing away distractions and prioritizing dedicated time to focus on committee work. Stacy's response was in line with Bobbi's outside of checking blocked out calendar entries to verify. Stacy was very clear in terms of the significant time commitment to the program approval process. Admittedly not an expert at the end of that particular approval process, Stacy too acknowledged satisfaction and growth despite being challenged throughout the process. Stacy accepted that as a part of learning and growth and that learning is a process not an event.

Being challenged by a (learning) task and persevering did lead to a sense of efficacy (Bandura, 1991) and of satisfaction. Embracing change, persistence despite setbacks, and a belief that with effort a person can master a task are all aspects of a growth mindset as theorized by Dweck (2006) and are illustrated in the foregoing vignettes.

**What changes would participants like to see for program approval, or do they anticipate occurring?**

Leading into this question I first asked about recommendations or advice they would give to prospective or incoming committee members and the participant responses will include a combination of their answers. This question was very open-ended and not linked directly to any of the literature reviewed. It was an opportunity for participants to add what was on their mind and important to them. I believed that they may have had some assumptions about the interview. This question was designed to give them free rein in their answers

Stacy emphasized the time commitment devoted to serving on this committee. It was more than anticipated. Stacy described the positive learning experience and expressed appreciation for fellow committee members.

I think coming in with an open mind and having and wanting to learn about the process Because I think that part of it was it was a new process that they were using we were all learning together, learning and understanding what the process is. I wish that I knew the amount of work ahead of time and understanding the layout of it and how to access it. Being able to properly access the different links [this is similar to Kim speaking about MS Sharepoint as their repository of information] versus having to you know, go into another file kind of thing. There was a significant amount of prep work. And for meetings, notes that I had to make for those meetings [echoes of Kim and Bobby] especially for the pieces that I was concerned about. There was some of—you're looking for that 'one piece of evidence' that ensures that the students are being taught [echoing Lou's statement]. Sometimes you couldn't find that evidence for the bulk of the material that you had to go through.

Do you know what I would like to see? For the most part, we're graduating nurses and they're going to become acute care nurses prior to being anything else within our system. We need to ensure that those nurses are prepared. I think there is a significant number of opportunities to ensure that they have proper practicums to be acute care nurses. I think we need to ensure that we're actually focusing practicums on where these folks are going to be working.

Stacy provides plausible reasons for the lengthy process, expressing hope that it might not be so time consuming in the future. Stacy emphasized the time element in each of the questions about recommendations and advice for others. Stacy acknowledged that prerequisites for satisfying participation and a positive outcome are that serving on the committee will be a learning process and being open-minded. As for a suggested change, more targeted clinical experience in medical surgical nursing practice was important to Stacy. As an administrator, Stacy's comments mesh with the findings of Hickerson et al. (2016) vis-à-vis being appropriately

prepared to take on the work of a graduate nurse on a busy unit as opposed to one that is considered to have a lighter workload. I did ask for clarification in the interview as to whether this was for the committee or an issue to go to the education program and Stacy clearly saw it as in the purview of the committee in setting requirements for the school. Finally, Stacy had difficulty navigating the resources provided by the regulator both for orientation and working through the approval process. One person's organization of information will not be exactly the same as another's and learning the logic takes time.

The crux of Bobbi's concern was quite different and centred on the NEPAC itself. First the public members whom Bobby touches on first, before moving onto the committee as a whole and the regulator/College itself.

...are we looking for skills-based committee members, or we are looking at public representative who meet some of the requirements.

I think it will be good to understand for somebody who comes on [the committee] the whole process of how nursing education is evaluated because we have 3 different nursing regulators and then there are the educational institutions. It will be good to have that big picture. If do you come [only] from the employer [perspective, how do we contribute to that? I mentioned the one around role of the College [regulator] itself, in terms of preparing the information. I know that they do some work because I keep asking, do you review this information before it comes to the committee? You really want to have that commitment to act or make your own opinion based on the guidelines and the framework that we use.

I'm sure that the those who work with students who have received the education and those who develop the competences and education program probably link at some point but I'm not sure as a nursing leader. That's in my mind, a question not just for our province but for the nation as well, because I'm not sure if nationally we have [a] really good understanding of a good connection [between these.]

Bobby raised a question explored in the literature surrounding committee members and whether particular skills should be sought. In the case of education program approval and regulatory bodies, the complexity is introduced as what is described in the literature as the divide between as subject matter experts (SME) and skills-based boards (Allsop, 2006; Johansen et al., (2020). Bobby then addressed struggling with questions in this process. This is reminiscent of Schön's (1983) swampy lowlands of practice wherein lie our real-life problems of practice, as opposed to those on the high ground (theory) considered as less important to, or rather by, society as a whole (and tidier too). To Bobbi's point about how much work the regulator takes on, Chris had stated that larger regulators, ones with more programs to approve and usually more staff, that staff members were most certainly doing a lot of the work to bring to the committee. In

Chris's mind this helped support the view that it was time for something new—to get rid of the committee structure and dedicate staff resources to the process because this was presented as the reality of larger regulators.

Lou reiterated that there had been significant changes in the recent past. Collaborative and cooperative work across Canada with the provincial regulators of the three nursing professions had started. Additionally, the NCSBN was involved with education for Canadian regulators.

Most participants in my study referred to attending this roundtable educational experience. Furthermore, this initiative led by the CNO, was viewed as positive and promising for program approval in particular.

...a Program Approval Round Table, CNO hosted. There were [nurse] Regulators across Canada. Some used the CNO process or framework. We worked with Nancy Spector from NCSBN. She presented their process. Nancy looks at those red flags and it seemed like some were going to move to this process. I think, by looking at the standards and the indicators, you trust that those with education, experience in nursing and education know how those competencies should be met. This framework has allowed us to do that. We don't do site visits—that used to be part of the process. But now it *can* be, *if*, during the process, if there's any 'red flags' for lack of better word. But if some of the indicators are not being met or partially met, then maybe having some expert reviewers come in and do a site visit and do a review of the material rather than the committee and doing some recommendations. We used to hire experts, have them come in and do the review of all the material, and then do the site visit and interviews. Our programs are well-established and the infrastructure is in place. There may be faculty recruitment challenges because of the shortage. They have labs, textbooks, whereas sometimes in some of the big [provinces], you know Ontario, I don't know how many programs they approve. It's in the hundreds and some of them are new programs. In some you know they're teaching out of a little office space. But I think in my province, because of the size (and because of the smaller community), we recognize that the site visit is less of, we don't need that validation.

Lou's remarks encompass other facets of approving education programs. There are some (new) and different processes, but nothing significantly so. Other participants also commented on site visits without prompts or cues to do so, or in response to a question I posed. I will discuss this at a later point in the paper.

Lee's wish was that during the site visit, everyone [specifically all faculty] could be privately interviewed by the evaluator. Lee's comment was based on faculty sharing their perceived lack of [psychological] safety when the on-site interview, done en masse, included managers with front-line faculty.

What I would like to see is more autonomy for the instructors to have time to identify concerns. I know historically, with the site visits they would have group interviews. And I've heard from people, instructors specifically, that said it wasn't safe. I wasn't able to identify where I thought we could be better, or where there was a major issue that should be addressed. I think that more comprehensive interviewing of everyone within the program, and that their confidentiality is protected.

A second concern Lee raised was loosely related to that of Stacy in terms of graduate nurses entering the workplace unprepared to fulfill their role

I'm also worried about the student[s], and I know that's the whole mandate of a post-secondary education is to meet the needs of the students. But sometimes I fear that when they're in the stressful environment they keep requesting, "Please make my load lighter." But we have to make sure you've got this knowledge to be safe. So, I think sometimes there's maybe a little bit too much emphasis on keeping the students happy, whereas what we need to be emphasizing is what upholds our mandate of protection of the public upon graduation.

There is a relevant body of academic literature about students coming into programs unprepared and the problem of programs failing to fail students (Arum & Roska, 2011; Luhanga et al., 2014). Kavanagh and Szweda (2017) and Kavanagh and Sharpnack (2021) published research on the crisis of competence in nursing. These two studies examined the competence of newer nurses who had passed the licensing exam. The majority had not demonstrated sound clinical judgment despite being successful in their programs and national examinations and this may be related to Lee's concern.

In some respects what Lee is alluding to is the commodification of education and questioning whether educational institutions have lost their rigour in student education. In part, this refers to education being like any other commodity for purchase and the mandate is to keep the customer happy/satisfied (Greenwood, 1957). I think Chaserant and Harnay (2015) and Harrits and Larsen (2021) found people seeking services of professionals do not necessarily have the knowledge to determine what is needed, can be applied to students in a pre-licensure program as Lee's comments imply. Wants and needs are different things and the regulator's mandate is to ensure safety to practice.

Nursing, similar to other prelicensure programs, is content-laden with a workload considered heavier than that of someone completing a general or liberal Arts degree. Over time the world has moved to a kinder, gentler place by responding to demands for work-life balance, or in this case school-life and work-school-life balance. Many post-secondary students today

have to earn money in order to afford an education. If students are not happy with the academic workload, and the educational institution wants to keep an income stream from new registrants, could there be pressure to decrease the rigour and the workload? For the most part, a baccalaureate degree in nursing is still 4 years. The knowledge requirements of nurses have increased over the years, the program has not changed in length. Currently a guideline is 2 hours outside of class for every hour spent in class. In years gone by it was a 3:1 ratio.

A different aspect of commodification of education, micro-credentialling, was raised by Kelly who then segued to potential changes in credentials in the nursing profession. Micro-credentials are short duration courses that are competency-based (Yilmaz et al., 2022). They can help a person stay current in certain aspects of their job. Kelly expressed fear that there will be pressure to or an assumption that a baccalaureate degree in nursing can be earned in this fragmented manner; that an appreciation and understanding of the big picture, and making linkages between concepts, cannot and will not be gained. Drucker introduced the term knowledge-based worker in 1959. Nurses as knowledge-(based) workers, not workers who merely perform a series of (unrelated) tasks was suggested by Antrobus (1997) and elaborated on by Porter-O'Grady and Malloch (2003).

You hear talk about micro-credentialing. I do worry that people think micro-credentialing —could you do a whole program that way? I am concerned about that because it's the age-old piece, where people don't understand what nurses do, and so don't value the education behind it, so that is a concern.

I think the blurriness between the LPN profession and the RN profession seems to be raising its head again. We go back to the '90s, where [the sentiment was], “well, it's the same as our RN education in the '90s [diploma prepared RNs]. It gets confusing, and that was 30 years ago. A diploma in the '90s, 30 years ago, and a nurse with 30 years of experience. And there again, the experience thing is a little bit of a red herring, because you could have 30 years times one 'cause you're never really learning and progressing, but with the assumption [by others] that you are learning and incorporating that into your practice. Those aren't equivalent. It would be nice to separate that out a little bit knowing that there is overlap. People are uncomfortable with that, because it's not so concrete or black and white that you can say these are the things LPNs do, and this is what RNs do. Knowing that the tasks, the things that people see, those are [outwardly] very much the same. I don't know how we get beyond that [turf wars]. Maybe you can crack that code, Cindy.

In this contribution, Kelly is referring to the changes in nursing education starting back in the '80s and '90s when the Canadian Nurses' Association (CNA) had an initiative that would see all new entry-to-practice general nursing graduates exiting a baccalaureate level nursing

program. Diploma prepared RNs would be *grandmothered* in. The LPNs then went from being a certificate prepared certified nursing assistant (CNA) to a diploma prepared LPN. There are ongoing rumblings that because LPNs now have a diploma just as RNs (for the most part) did in bygone years, and that there is no difference between these two professionals. Turf wars continue amongst nurses and between nurses and other professionals, including the nurse practitioners (NPs) and physicians (GPs). Kelly continues,

Well, it's access to education, right? There's a lot of focus across the country on Internationally Educated Nurses (IENs). I think some of it has to be virtual, or a hybrid, so that people can access it. And I do wonder if it won't open up to other provinces. It's one of the changes that I've asked for here, is that our regulation would allow us to accept programs that are approved in other jurisdictions with a high degree of confidence, knowing that our approval processes are pretty much the same across the country. They're not identical, but there is enough similarity that I think we would feel confident. And it's also in keeping with mobility legislation. So, someone completed it there [out of province]. With those kind of principles behind us... I think having nurses in our province or applicants who take education elsewhere, that they could access us in a more easily accessible way, I think would be very beneficial.

Kelly brings in the issue of IENs in particular, and of [labour] mobility in general. In the '90s the Canadian government was promoting mobility for workers across Canada. Provinces eventually enacted a version of a legislated act, the Agreement on Internal Trade (AIT) which included mechanisms for, in this case, professionals to be able to move freely and take up residence in another province without undue barriers. Nursing already had reciprocity agreements between provinces and to some extent other countries, but some refinement was needed in the light of new regulations. With increasing immigration to Canada there are continuing calls to recognize credentials from other countries and not just for nurses, but for other regulated health care professionals as well. Related to this are calls for clinical laddering and better articulation of programs. Continuing care aids should be better able to have their education recognized and receive credit for their program.

Likewise, LPNs and RPNs want a bridging program to the RN baccalaureate. People who have a non-nursing degree and want a nursing degree as a second degree, have access to accelerated programs and they too are not always happy with what does or does not get credit recognition. There are also re-entry programs for nurses whose license was non-practicing. These nurses would have not met the practice hours or continuing competence hours so need a refresher

or re-entry program. This is not an exhaustive listing of programs but an array to give an appreciation of both what the regulators have to approve and the educational institutions have to provide.

Kelly also touched on indigenous nursing readiness programs being better recognized. Kelly has an openness to at least try out expanding recognition of education gained elsewhere. Among Canadian provincial nursing regulators, British Columbia's regulatory body proposed public representation on their board; it was not imposed on them by the state. Broscheid and Teske (2003) found that physician boards with public representatives resulted in decreased onerous additional post graduate education for foreign trained physicians. Sweatman (2023) noted that Canada steadfastly remains a uni-jurisdictional nation. Other countries, such as the USA and Australia, have started a modernization process and within Canada, pharmacists in Atlantic Canada have opened discussions to new models of regulation (Morrison et al., 2022). This issue raised by Kelly does have implications for the task of a regulator's NEPAC.

Dana was enrolled in the NCSBN Education Approval Course though had not yet completed it at the time of the interview.

I think that we need to take a look at our Standards and Indicators again to ensure that they're up to date and aligned. I think that would be a good thing to do now that I'm taking this course and learning about our process. There're a lot of developments under way. It's not necessarily that there would be big changes, but a re-evaluation of why are we including what we're including and is that evidence-based information? A part of that is getting at what types of evidence are we looking for and accepting, and are there additional pieces that we may have not included in the past?

This course that Dana is referring to, was developed by the NCSBN had evolved partly out of the study by Spector et al. (2020) *NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs*. Dana was finding the course interesting and enjoying it and thought everyone on the committee should take it. This was an early opinion and subject to change by the time the course was completed. Dana also did not have the authority to require this change and planned to have a discussion with the CEO. Dana related doing due diligence and in the spirit of applying the knowledge from the course, wanted to review the regulator's current practices. Chris was also interested in this course though had not yet started it. Unlike Dana, Chris believed the program was targeting only the regulator personnel, not the committee members in general. Like other study participants, Dana believed the evidence-based nature of this approach to education program approval was worth enacting (Lou, Bobby, Stacy,



all explicitly mentioned evidence-based program approval). The academic nursing literature is rife with articles promoting evidence-based practice although there are a few dissenting articles as well.

Kim, being cheeky, made an interesting comment, I'll do a tongue in cheek comment, "I think regulators are used to having to work with whatever direction they're given. So, we're trying to be devious in how we manage to protect the public interest regardless.

Kim has worked for the regulator for a number of years and seen many changes in the organizations, some required by legislation. This comment has a flavour of organizational decoupling as posited by DiMaggio and Powell (1983) and expounded upon by Bromley and Powell (2012), and van Wieringen et al. (2017). Recall, decoupling is a disparity between policy and practice in an organization. Regulators always face changes and regardless of what is imposed in Canada, they will continue to uphold regulator's program approval in the public interest. Kim does not elaborate on experiences she has had with previous legislative changes that evoked this tongue-in-cheek response.

Chris, if you remember, wanted to abolish the committee structure, and the College hired a staff member who would lead NEPAC. The various regulatory bodies for the three nursing professions are at different stages of change in the country. The College of Registered Nurses of Alberta (CRNA), one of the regulatory bodies in Alberta, had just made this change earlier this year just before my study began. I do not believe Chris was aware of this given their statements presented elsewhere in the interview. Chris had talked about the CNO's hosting a national meeting of regulators and the interest in the approach to program evaluation to which Chris's regulatory body was transitioning. Consistent with the principle of transparency, the CRNA's Council's meetings are available on a YouTube channel. I have included the link (web address) of their Council meeting in March of this year (2024) in the reference list, where the agenda item is a new program approval process (time stamp is 1:59:35 for the reader's ease of access and reference). Thus, although Chris's response was the outlier in my study on program approval committees, others in the country have begun implementing a version of this preferred structural change being implemented in the College employing Chris.

CEOs were also asked about changes they had seen. Some had described the changes before they were asked. Lou's thoughts are provided here as an example.

When I first came here, we had a number of different processes for different programs. Sometimes Council was the approver, sometimes the NEPAC was the approver, sometimes it was the Executive Director, and it was just a mishmash of stuff. We really tried to standardize [the processes]. I think that helps because when something is structured and standardized it takes the subjectivity out of it, makes it more objective.

Lou has embraced the standardization process and objectivity of the new process for approving education programs. Seen as more objective, education programs may raise fewer objections when the process is transparent and fair. This comment is consistent with Weber's bureaucracy and the benefits standardization brings to an organization and recipients of its service(s). Interestingly, Chris, very much in favour of standardization, would like to see regulators across Canada adopt the same framework. The site visit is not a part of the framework used by the CNO (and being adopted by many participants I spoke with) unless *red flags*, that is concerns, are raised. Chris believed there is still a role for site visits, especially among small regulators, and that continuing them will be considered before a decision is made. Lou's welcoming of a standardized method which leaves out the site visits, was tempered by having a familiarity with the programs their College approves. Lou allowed it might be different if a program new to that province was applying to the regulator for approval.

Several participants addressed site visits wherein an evaluator (or evaluation team) attends the educational institutions whose program is undergoing review for approval. In various prior iterations of program approval that included site visits, interviews were conducted with leadership, faculty, and students. There was some examination of classrooms, labs, library services; and samples of student work and policies were reviewed. Processes may have been reviewed, or inputs or outputs, depending on what was considered important, in vogue or emphasized for review at the time of the approval. Lee and others noted that while a site visit is no longer automatic, if something is '(red) flagged' a visit can occur. Lou and Kelly had each raised an instance of a private school of nursing in Florida which raised regulatory concerns and was investigated (Operation Nightengale). The program was an approved one [though a different process that is politically driven is used] and students there were left in the lurch after paying tuition fees, graduating, and then discovering they would be ineligible to write licensure exams to become a nurse (Kinner, 2023; U. S. Attorney's Office, 2023). This involved some political machinations and is beyond the scope of this study.

Lee's comments go beyond site visits.

... what seems to be emerging right now is the elimination of an automatic site visit. If in reading the report, there are 'red flags,' the evaluator can request a site visit, but that used to be built-in over 2 or 3 days.

The other thing is the introduction of high-fidelity simulation in place of practicums. That's cutting edge right now, and there's still a lot of studies going on around, are you safely able to substitute? Some of the research findings are saying that it's superior to going on the [clinical] unit, where you may or may not be exposed to a particular skill that you are expected to know. Whereas, with the high-fidelity simulation, they can guarantee that you're going to have some exposure. Those are the key changes.

On the horizon is the introduction of artificial intelligence and augmented realities. You might have a VR headset and be interacting with a patient that is escalating in terms of anxiety, violence, et cetera. Are your de-escalation techniques working? You're exposed to something that you may or may not be on the unit. You are in a safe environment to test out your skills and interventions to see what works and what doesn't.

Lee's concern about the site visit had been stated earlier and was revisited a second time. Lee's additional comments resonate with those Kelly identified, around technological advances and incorporating them into education and as an adjunct to clinical practica carried out in lab or simulation spaces at school. Like Kelly, Lee is ambivalent in expressing optimism and enthusiasm for exciting new learning methods, while voicing concerns about the equivalence of these technologies of the experience with live patients. These emerging technologies in schools of nursing do allow for the educational program to control for, to ensure students have specific experiences that are considered important, but inequitably available in a clinical setting. You cannot reliably count on a cardiac event for every student in a program, or one where a patient is presenting as threatening or committing violence against health care staff where de-escalation techniques can be employed. There is a need to balance gaining experience and keeping patients and students safe. Participants were not entirely opposed to new technologies recognizing the world is changing and sufficient numbers of clinical placements for students is not a new challenge for nursing education programs. Lee later stated some of the more recent literature they have been reviewing is not universally positive about virtual experiences.

Kelly raised a number of issues that can affect program approval for the regulator and for educational institutions.

Schools are trying to increase seats. That has an impact on resources, which is one of our standards that we look at as part of the approval process. I don't know that it's hit the committee yet, but I think that might be something that we'll have to anticipate. How does the committee assure itself that it has all the information that we need, because currently, we have a refresher program through XXX and they do a bridging piece as part of that. I

know there's also an interest in bridging up, from LPN to RN. Then there's other things like authorized prescriber education, where it's a registered nurse who has additional education so they can prescribe in a set schedule of diagnostics and medications. That too is a small program. It's 3 courses. Then there's the funding pieces. There's all the issues around that program. When we and NEPAC is just looking at that program to see, is it okay? But one of the standards is a viable long-term program to ensure that students who enter can finish. And so those aren't always funded programs, and they're out of a cost-recovery model. That puts more onus there. ... It's a bit of the committee piece because of the resource availability for people is important.

And when you think about educators, I've heard that they're more at the end of their career. They're more seasoned nurses, and so as those people do kind of phase out or retire. New staff...ensuring that those staff are prepared at an adequate level to do education, cause, you know, it's always sort of the one degree up approach.

In a section of this response, Kelly talks about program sustainability with respect to the nurse-prescriber program. This is an optional add-on program nurses can undertake to gain limited prescriptive ability (prescribing medications for patients, as does a physician or pharmacist). Here Kelly is framing it in terms of the NEPAC but elsewhere has noted that given it is a virtual program, one cannot do a site visit. It will be interesting to see how these virtual programs are handled. Kelly has also identified (program) sustainability and its availability for completion to nurses who enroll in the program. Typically, education programs have to plan for sunsetting a program before registrations close. So, for a degree program, students usually have 7 years to complete a baccalaureate. The program must give notice of and allow a reasonable length of time for its sunsetting.

### **Summary**

In this chapter, I provided excerpts of my interviews with the participants, remaining fairly descriptive in presenting participant responses to questions. I reviewed the interview transcripts of my eight participants, both listening to the audio recording, and reading through the responses several times. The first time through was focusing on and familiarizing myself with the interview, then engaging with the data to generate codes. Despite being the interviewer, and an experienced one at that, attending to conducting the interview, following the interview questions, listening to the answers, and monitoring that Zoom was performing well, distracted me from simply asking questions and listening to the answers. Even so, I could not help but think of how responses were reflected in the literature I reviewed before the study, or as I successively interviewed the participants, mentally thinking, “Oh! I have heard this before; it reminds me of what the previous or the first participant said.”

In the next chapter, I provide an analysis of the participants' responses. Moving back and forth between the interviews, I developed themes and took note of unique offerings. This is followed by my interpretations of their experiences presented as themes, and a synthesis of their experiences.

## **Chapter Five: Analysis, Interpretation, and Synthesis of the Findings**

The purpose of this study was to explore how the experiential and educational characteristics of members of a NEPAC, in the context of program approval, meet their obligation to serve in the public interest and how the regulator contributes to this (e.g., recruitment and preparation). As a researcher, I believed that an understanding of this would be of value to regulatory bodies, pre-licensure (nursing) education program administrators, legislators, and interested members of the public.

In Chapter Four, I presented excerpts of participant responses as they addressed the research questions. I used Reflexive Thematic Analysis (RTA) espoused by Braun and Clarke (2022). I worked through the transcripts several times to familiarize myself with participant responses to sort and reduce these into themes and I provided my description of their responses.

In this chapter, I present the next steps of engaging with the data starting with my analysis and making meaning of the data through interpretation and constructing themes. I end with a synthesis developed from participants' described experiences.

### **Introduction**

In Chapter One, I discussed the background to the problem, and recounted questions driving me to do this study. I mused, (a) are committee members of any given self-regulating profession adequately prepared for the critical function of program approval; and, if they are not, what are the consequences? (b) how much preparation is enough, how much is needed, do you need to be an expert?

My interests were first, it may mean that at least this function of some self-regulating professions might not be carried out in the public interest. That is, the members may not come to the role adequately prepared, or regulators may not prepare their NEPAC members to competently fulfill their role. If this is so, can professions continue to make the claim that they are best positioned to regulate themselves in the public interest? Second, is the regulator ensuring the public of the safety of their members to practice, if the quality of the nurse education program can be called into question? Recall Shulman (2005) characterized professional schools and education as the nurseries of professionals. The implication then is that the regulator must provide the necessary education or support.

Currently, the NEPAC (of regulatory bodies I interviewed), is a committee of the CEO or Council. I interviewed eight participants, four committee members and four CEOs. No

participants had education in their respective nursing programs at the diploma, undergraduate, or graduate level about program approval. One of the CEOs did a fellowship through the NCSBN with a focus on competence, along with some aspect of program evaluation as part of a 40-hour leadership course. Two of my participating committee members were from the membership at large, and two were staff support persons. One of the staff supports is currently enrolled in a (the first ever) course on Nurse Education Program Approval for Regulators developed under the auspices of the NCSBN. This staff support person was the newest to the role of committee member (in any capacity) in my study. Recall my inclusion criteria allowed no minimum experience on the committee (i.e., they could have newly joined the committee and not yet completed an approval cycle), and this is reflective of the moment in time I captured participants' experience in the context of these committees. The other staff support person had been employed by the regulator for several years and had been through several cycles of program approval. The other two committee members had varying lengths of experience on the committee. One had been through more than one cycle, the other completed one full cycle.

### **Analysis and Interpretation**

I used an RTA process for my qualitative study. RTA allows for a flexibility in concepts used to frame my study. Analysis can be superficial (semantic) or implicit (deep) roughly corresponding to content and meaning. Further, analysis can be descriptive or interpretive. Interviews were conducted with eight nurses, whose roles differed, concerning their experience with pre-licensure education program approval. Half the participants were CEOs, half were committee members. These roles were split evenly between committee members who were volunteers from the membership of the regulatory body, and half were staff support personnel employed by the regulatory body. Duties of this latter cadre included to orient and support the committee, sharing program approval materials and some training about program approval, and to liaise between the committee, the regulatory body, and the educational institution whose program was undergoing the approval process.

Though not NEPAC members, the CEOs provide a big picture or macro view of nursing regulation in Canada and in this instance, the priorities for program approval as aligned with current legislation and what is on the horizon as a strategic analysis, or an environmental scan, reveals. The Staff supports are a mid- or meso-layer. They may provide stability or consistency to the program approval process. The other NEPAC members from the membership at large form

the micro-layer. They have fixed terms of reference limiting their length of time served on the NEPAC. This mix of views provided a more holistic view than what could have been obtained from a single type of participant.

I analyzed the data in the context of the literature I reviewed. Drawing on literature from the areas of institutions, including education and professions, self-regulation in the public interest, and learning I considered how participant responses supported or refuted the literature. Other information was brought in by the participants that was more peripheral than central to the study as I had conceived of it, and to my thinking, was significant. Most of this arose in response to what was anticipated as on the horizon and changes that participants would like to see to the process. Overall, I found the literature I reviewed to be a good fit for the data I gathered on participant experiences. The themes are:

1. Law & Order, (a) There's an Act (App) for That, (b) This is Not a Dress Rehearsal, Live! (c) A Bridge too Far, (d) And Now for Something Completely Different, (e) I Want a New Drug (Model)
2. (This is the Dawning of) The Age of Aquarius, (a) It Takes a Village, (b) With a Little Help from my Friends, (c) Come Together, (d) You can get Satisfaction
3. Size Matters, and
4. Where do We go from Here?

The themes were informed by the literature in Chapter Two and participant responses.

Several researchers (Bloomberg & Volpe, 2018; Marshall & Rossman, 2021; Yin, 2018) advised that the researcher's preliminary questions and literature review should inform analysis and coding of the data and may suggest categories. Creswell and Creswell (2022) and Renjith et al. (2021) discouraged frequency counts of responses because that is more characteristic of quantitative, not qualitative, research. Saldaña (2016) asserted that structural coding is applicable to essentially all types of qualitative research specifically noting studies with multiple participants or those employing semi-structured interviews such as mine.

Lincoln and Guba (1985) asserted it is in using illustrative quotations that in part forms the rich description that deepens our understanding. Qualitative researchers often have few participants but a large amount of data from which to familiarize ourselves by revisiting our data and gleaning new interpretations. I discuss each theme and provide an explanation supported by using the participants' words. Not all the participants will be represented via



quotations in this chapter. Instead, I have selected the excerpts I believed best exemplify the theme. My intent is that you, the reader, gain a deeper understanding or appreciation of the phenomenon.

## **Themes**

### **Law and Order**

Every participant referred to structural elements such as the Act, Bylaws, Standards of Practice, or Entry Level Competencies to guide their own and the work of the NEPAC. The theme name reflects the popular TV show not just because of the structural elements, but also because of the standardization (order) that was being sought or achieved and was valued. In their education, nurses are exposed to a number of sets of guidelines, principles, algorithms, and so forth. Their daily practice is guided by these, any number of Acts with which to comply, policy, reference materials (product monographs) and an ever-increasing amount of research informing evidence-based practice of which to keep abreast.

#### ***“There’s an Act (App) for That.”***

Riffing on the Apple™ commercial, the Act governing each regulatory body confers the legal requirement and authority that they approve the preprofessional education program. So long as it is consistent with its duties and objectives the regulator may set standards for registration, continuing competency, enforce a Code of Ethics, establish a continuing competence program, and other activities of a regulatory nature. Time and again the entry level competencies were referenced as guiding the work of the committee.

#### ***This is Not a Dress Rehearsal. LIVE!***

I chose this title to reflect the seriousness with which participants took their work on this committee. It was couched in terms of not being merely performative, that is, of ticking boxes (McGivern & Ferlie, 2007). Rather, they described a rigorous process of going back and forth in the submission from the school, in meetings and deliberations, questioning whether the evidence to support the claims from the education program were in fact provided. The staff support person might have to liaise with the school to provide further information for the committee. Even if it meant another meeting, more time elapsing, and more work on their part, so be it. The NEPAC members’ work ethic and dedication to serving in the public interest was evident. Not everyone used the term public interest. Participants spoke in terms of public safety, or ensuring the safety of the public, which I took to mean in the public interest. My education

and experience have given me a particular lexicon that may differ from someone else's based on their unique background. Adams (2022b) posited this may be the sole purpose of self-regulation of professionals.

### ***A Bridge too Far***

For Chris, the lack of a base of knowledge and the prospect of developing expertise, made moving to a new model for education approval easy. The education piece aside, for a regulator with few programs to approve, the opportunity to gain competence was not there. Considering Benner's (1984) work, *Novice to Expert*, it takes 5 years of working in an area (as a nurse) to become an expert. Benner does specify that the nurse must work in the same area and be actively engaged in learning and in a changing environment. Kelly's comment,

... and a nurse with 30 years of experience. And there again, the experience thing is a little bit of a red herring, right? Because you could have 30 years times one cause you're never really learning and progressing, but with the assumption that you are learning and incorporating that into your practice. Those aren't equivalent.

is consistent with and amplifies Benner's theory. Benner built on the work of Dreyfus and Dreyfus whose work on skills acquisition informed her model of clinical judgment and intuition. Malcolm Gladwell's popular book *Blink: The Power of Thinking Without Thinking* (2005), popularized this when he asserted that expertise or intuition takes 10,000 hours of practice to acquire. If you assume the average work year to have been 2,000 hours, 5 years would result in 10,000 hours (again, consistent with Benner's Expert level, after 5 years of practice in the same clinical area). Committee members do not come in with, nor can they acquire the number of hours necessary to gain competence in program approval which, in Benner's model, would be 3 years (of nursing) full-time in a practice area. For Chris, this is untenable and relying on volunteer committee members, in a world increasingly calling for accountability, does not align with the zeitgeist.

The same event can be perceived quite differently by individuals. Whereas some regulators and their members might see the change to a single mandate organization as coercive, Chris viewed it as an opportunity.

Committee members who are volunteers from the membership, as opposed to staff support positions, have limited terms of service (e.g., 2 3-year terms). Terms are staggered to avoid an entire committee changing over at once. Some terms of reference will allow a return to the committee after a set period away from the committee, and there can be absolute limits. This

also allows for a greater number of members to have a chance to participate and bring fresh ideas and new energy to the committee. I had a mistaken, unconscious, assumption that staff support personnel would be more experienced on the committee. However; there is turnover of staff, just as there was with the CEOs in my study whom I had also assumed would have served many years in their position.

Despite committee members not being experts, programs are approved, and schools of nursing graduate students who write a standard exam in order to obtain a license. Instead of requiring experts, is this practice a good enough standard with the current mix of committee preparation combined with support staff participation? Building on the concept of good enough as articulated by Winnicott, medical practitioners Ratnapalan and Batty (2009) explained,

Good enough is not mediocrity. It has to do with rational choices as opposed to compulsive behaviour. The good enough approach is a way to drive ongoing improvement and achieve excellence by progressively meeting, challenging, and raising our standards as opposed to driving toward an illusion of perfection. A best practices approach to any endeavour is to start with good enough and raise the bar to achieve excellence (p. 240).

I would also note that the language of *best practice* was challenged years ago as inhibiting creativity. When the term best practice is used it implies that there is nothing better to be done and can discourage improvement. It was subsequently suggested that the term good practice be used. It is important to strike a balance between quality and effort without being paralyzed by perfectionism. There is an ongoing evolution in regulation and program approval in the spirit of improvement and growth.

### ***And Now for Something Completely Different***

Although excited about the national meeting, Chris was the sole promoter in my study of doing something completely different for program approval. If you recall, Chris had been instrumental in the elimination of the Association model including the NEPAC as their employing regulatory body moved from having a dual (regulator and professional association) to a single mandate as the regulator. Chris's regulatory body has been functioning as such for only a few years though the name change to reflect this has not been through all the legislative processes. Chris had recounted getting rid of the vestiges of an Association; committees, awards, advocacy, et cetera. Chris stated,

We are a single mandate organization. Goodbye all the advocacy stuff, and we've been committed to that since XXX. We're XX years into that [single mandate]. We have

functioned as a College since XXXX and we got rid of the chapters and stopped on advocacy work, the awards... we don't have elections anymore... But in this case that's an old association model— committees. It made complete sense to have that volunteer-based structure at one time. As we learn more about our role and the significance of the decisions made in program approval, it became very clear it wasn't an appropriate structure.

One thing Chris would be saying goodbye to was ceremonies (Meyer & Rowan, 1977) which are more in keeping with an Association model and its organizational culture. Chris's background easily accommodated a different model. Although Chris was the lone voice in my study to remove the NEPAC, at their 2024 March meeting, the College of Registered Nurses of Alberta (CRNA) approved a motion to have staff members do the work of program approval. The Association functions that are being left behind by Chris's organization may be filled by a new body in that province comparable to the Registered Nurses' Association of Ontario (RNAO) and Chris can fill a leadership role to help seasoned members understand and make the shift to understanding and embracing the different mandates of a College and a Professional Association.

***I Want a New Drug (Model)*** (riffing on a song by Huey Lewis and the News)

Chris was invested in building a new way to accomplish approval of the preprofessional education program. The committee structure used in the *old* Professional Association model did not fit Chris's mental model of NEPAC in the context of a single mandate regulatory body (College). Chris wanted a different structure and moving away from the Association model is more aligned with a mental model informed by an education in administrative law.

If you look at regulatory performance reports for regulators across Canada, one of the findings is usually underdeveloped policy and process. I think that comes down to the structure of what self-regulation is. You know you take people from the profession and try to make them experts in regulating the profession. That's not the guarantee. Regulation is poorly understood. People don't realize it's everywhere, like regulation beyond the profession. I mean, every time you drive to work you're subject to 200 different types of regulation. It's about the rules and things that are in place that keep the profession safe. It's not much more than that but is not understood.

Chris has a significant educational grounding in administrative law which provided a different lens from that of the other participants. Chris sees a problem not only within their regulatory body. Chris was also stepping back and considering a wider organizational field than nursing regulators. This latter group are at various points on the continuum of being a regulator only, having separated the professional association/advocacy function long ago (e.g., Ontario in, 1963) to some undergoing and yet to fully move to a single mandate as regulator. Chris also

recognized that members of regulated professions are educated in their own disciplines and do not have the specific educational grounding in, and experience with, regulation.

Chris's response illustrates the greater concept of institutions being an unseen force that shapes our behavior. The influence of Scott's pillars of regulative, normative, and cognitive-cultural carriers ranges from the legally enforced to the taken for granted applies here. When a law comes into force, such as wearing seatbelts, it takes a lot of thought and effort to remember to do that, especially if you have not previously done so. Getting fined for not doing so may hasten learning this change. People who started driving when this was the law, are more likely to comply as an accepted matter of course, it is what you do when you drive. This is one example of the '200 regulations' you may be subjected to before you get to work to which Chris referred. Institutions affect our behaviour in ways that you don't notice.

### **(This is the Dawning of) The Age of Aquarius**

Most of the participants spoke positively of the first ever roundtable hosted by the CNO, featuring a guest speaker from the NCSBN. It took place in the autumn of 2023 and was seen as a shift, a step forward with the Canadian nurse regulators coming together in a collegial spirit to work toward a common evidence-based approach to preprofessional education program approval. Registered psychiatric nurses (RPNs) are now educated, regulated, and practice only in the four western provinces of Canada. Given that they are not regulated in Ontario and across the nation, they appreciated the invitation and their inclusion. Likewise, including licensed practical nurses was welcomed. The inclusion of this group was not surprising to me given that the CNO has regulated practical nurses for decades. This alliance has not been typical across Canada. More recently, with the coming into force of their own umbrella legislation, BC has also adopted a model of regulating all the nursing groups and midwives as well. To refresh your memory, licensed practical nurses have a 2-year diploma as entry-to-practice and are regulated coast-to-coast. The registered nurses have a degree requirement as entry to practice, and registered psychiatric nurses have either depending on the province. Nursing's history includes many turf wars between groups and with all the groups enfolded under umbrella legislation there is an opportunity for creativity and a mutual increase in collaboration and cooperation.

This inclusive meeting recognized that, irrespective of the entry-to-practice level of education or how many provinces in which the profession was regulated, all the regulatory bodies had preprofessional education program approval as a legal mandate in common. Chris

was especially animated when speaking of this opportunity, "...at a program approval round table in the fall, which is absolutely fantastic to see happening. It's the first time as regulators, in the time I've been in this sector, that we've met to talk just about program approval." This is illustrative of organization fields becoming more similar over time as they interact with one another, having a reciprocal awareness of their common endeavour— managing both a greater volume of, and information that is more-complex (DiMaggio & Powell, 1983). On this last point, regulatory bodies are exploring the use of Artificial Intelligence (AI) for managing databases and regulatory disciplinary decisions for example (Jago et al., 2021) both verifying DiMaggio and Powell's (1983) assertion and illustrating developments in managing information they may not have foreseen. This coming together of the regulators to discuss program approval was refreshing and welcome. Is this another example we see as evidence increasing cooperation in this organizational field, the dawning of a new age of cooperation? Recall the collaboration between physicians and nurses in BC to develop a competency framework for their governing boards (Johansen et al., 2020).

### ***It Takes a Village***

How do these professionals, without formal education in program evaluation or approval, volunteer for and then fulfill this important undertaking? First, the invitation to participate is extended by the regulator, and members step up to fill a role. As Lou stated, some want to do a particular thing or work on a particular committee, others sign up for anything. Stacy was in this latter category and on several annual rounds of the licensure process had indicated a willingness to volunteer and was eventually selected. Stacy attributed this to their employment position (administration), geographic location (urban), and experience with curriculum development, the latter for which no formal education was detailed. The regulator provided some orientation and materials related to program approval including previous approval submissions, the framework for evaluation which the educational institution completes and provides, and so on. The instructional portion was estimated to be less than a day, likely 1/2 day, and familiarization with materials up to another 1 1/2 to 2 days. Support staff were available to answer questions, and then it was mostly, as Stacy described, experiential and learning on the job (Kolb, 1984; Marsick & Watkins, 1990; Papanagnou et al., 2022; Watkins & Marsick, 2018). Bobby did do some online searching and had some discussions with someone viewed as a mentor who had previously

participated in the education approval process (i.e., self-directed, social, and vicarious learning). Bobby did not quantify the time spent on these activities.

The CEOs play a role albeit an indirect one, in program approval through their coordinating role with the CCRNR. Staff supports bring continuity to the process where their arc of employment may see them through several program approvals and their direct role liaising with the school of nursing. The volunteers step-up to contribute their time, their experience in the ‘swampy lowlands’ of practice, and then they focused their effort into the work of the committee. In addition, the institutions of education and professions contribute in terms of the formation of citizens (education generally), and the hidden curriculum in professional schools that imbues the professional with the values of the profession, especially self-regulation and serving in the public interest (Chinn & Kramer, 2017; Shulman, 2005). Although public representatives contribute to the program approval, they were excluded from my study.

#### ***With a Little Help From my Friends***

Participants spoke positively of their experiences on the committee. As novices, they found other committee members patient and helpful. Stacy in particular shared a sense of being appreciated and valued. There was no sense of impatience, or that asking questions were wasting anyone’s time. This was discussed by Smith (1999) but in terms of public representatives (non-regulated members) being reluctant to hold back other committee members. Joining the committee in Stacy’s case, coincided with a new process and framework being implemented, along with a shift to virtual meetings owing to COVID precautions. Thus, even for continuing committee members with some experience in education approval, it was not business as usual and they too were learning on the job. Likewise, staff supports were also using a new process or framework. This collegiality typifies normative and cognitive-cultural institutional carriers. Professionals are expected to be cooperative and to help their peers.

Bobby had stated that the public representatives were somewhat of an unknown, despite having been through the approval process more than once. However, bear in mind Bobby never suggested the public representatives were not keeping the public interest front of mind. Even though committee work occurred virtually, some elements of in-person meetings are lost such as the informal networking and chitchat that takes place when people arrive early, stay late, and have refreshment breaks together. These informal, incidental, networking or icebreaking

processes can deepen relationships, foster trust, and lead to more open discussions. Members come to appreciate each other's strengths and unique insights that are brought to the process.

### ***Come Together***

In committee, discussions were helpful for members to learn from each other. Bobby recounted,

But you listen to others, which is part of your learning. You listen to others, and they ask questions. You think, “Oh, okay, I didn't notice this,” so I could think that's part of your learning curve.

In this instance, Bobby was learning on the job in an unplanned and incidental way. Reading information brings in one aspect of information, talking about it and hearing how others are interpreting or making sense of the information presents other aspects. Each member brings the entirety of their particular education, background, and experience to the table. Bobbi's comment illustrates a contrast to the deliberate, planned, but still informal individual reading of material, some interrogation and memoing of the material (note taking was mentioned by members), reflecting, and returning to the material, and in Bobbi's particular case, discussion with someone one-to-one outside the committee. These demonstrate a social aspect to learning as posited by Bandura (1977) and Vygotsky (1978) that undergirded this interactionism. Bobby might not have ever had certain insights if not for interacting with others. Committee members noted on their first encounter with the NEPAC, its functioning as a scaffold supporting others' learning.

Palmer (2017) and Sherwood and Horton-Deutsch (2018) both promoted creating or opening space (in contrast to occupying space) to allow for exploration, understanding, and respect for our colleagues. Developing communities of learning is fostered by creating space to be vulnerable. Sherwood and Horton-Deutsch asserted that knowledge management is not separate from networks of, and connections with, our colleagues. A space in which trust is nurtured contributes to the reflective process and this process was enabled by the staff supports.

### ***You Can Get Satisfaction***

Committee members recognized they came to the education approval process as a novice. The volume of work and time commitment threatened to overwhelm them. It was disorienting, and much like the hero's journey, marked a separation from the known, the habitus of their work life, into the unknown—a crucible. They were *initiated* to the process via an orientation and



education process provided (mostly) by the regulator. They struggled to learn, apply, analyze, interpret, and evaluate information relating to the preprofessional education program. They had access to previous reports and time to ask questions of the staff resource person. The culmination, with additional information, a lot of reading, and deliberation, was program approval. They recognized they were not experts, but that they had done their due diligence and contributed positively to the process. They were not perfect but had grown and done well (Ratnapalan & Batty, 2009). They kept public safety front of mind (Adams, 2022b). The valuing of practicing in the public interest guided them and lit their way throughout their journey. In the end, they were satisfied and had a *restored sense of equilibrium*, a home-coming if you will. They were tested and had grown personally and professionally. With an open mind, a growth mindset, and a sense of self-efficacy they prevailed. This was also affirmed by support staff who observed the growth and dedication of committee members.

### **Size Matters**

I identified resources as a theme. Participants recounted the (surprising) amount of time it took to read through submissions, formulate questions, prepare for discussion, et cetera. In my study, regulatory bodies that regulate a smaller number of members ( $\approx$  1000) than the country's largest regulator, the CNO (160,000), lack a sufficient number of staff to carry out program approval. In the west, BC regulates about 60,000 members (including midwives, a distinct (non-nurse) category). Ontario also approves a larger number of programs, dozens of them, whereas the smallest regulator in my study, approves only two. Committee members in my study all acknowledged the intensity of the work, the volume of information to digest, and the time commitment to do this well. This time commitment was not just for the individual, but for the committee as a whole.

Committee members went to their meetings prepared for discussion and deliberations. Questions were asked and answered, worked through, or their staff support person took questions back to the education institution. The CEOs likewise noted that as a smaller regulator, the committee model and retention of site visits was working. Chris was the exception to use of a NEPAC and the Association model as has been stated. Despite favouring standardization of the CNO model, Chris did say that site visits may be retained because there were few programs for their College to approve or visit. Lou was not concerned about losing the site visits with the explanation that there were no new programs in the that province, they had all been operating for

some time, had all been visited, and had a track record of full approval. Kelly and Kim each noted that there had recently been site visits for their respective programs of responsibility, and Kelly pointed out that virtual programs, such as the prescriber program, had no bricks and mortar location to visit.

Resources are somewhat of a dilemma for smaller regulators. With few programs to approve, volunteering members cannot gain enough experience with program approval to gain expertise in that role. Recall Benner's (1984) model where competence is gained after 3 years of full-time employment in the same practice area. NEPAC members are not schooled in program evaluation or, as Chris noted, regulation. Their area of practice and expertise is, in this case, nursing. Lou and Kim noted that a regulator such as CNO or the nursing regulator in BC, have numerous programs to approve, and it would require a considerable amount of a volunteer's time. In theory, volunteers for BC or Ontario nurse regulators might acquire enough experience and time with program approval to gain competence or expertise. Realistically though, how many volunteers can take enough leave from their employer to fulfill this role? For those with many programs to approve, are there additional reasons to employ staff to do the approval process? Chris 'could guarantee in the larger Colleges that staff were contributing significantly to the approval process' and questioned whether it was really committee work if staff were taking on so much of the tasks. Bobby had entertained this notion thinking out loud, stating that if the staff did more of the work, it would lessen the time commitment of the volunteers on the committee. In the next breath Bobby questioned whether it would then be the committee and volunteers doing the work, fully involved in the process, or would volunteers lose out on this opportunity? This is an example of reflecting in action. In addition, although public representatives were not part of this study, the time commitments would apply equally to them, although, they may bring good foundational knowledge in terms of program approval, or curriculum, to the committee.

Monetary costs vary with the number of people on the committee and programs to approve whether it is per diems, travel (including for site visits), staff, or consultant time. This does apply to the number of members on the committee. The workload does not necessarily change, and up to a point, more members can result in better discussion and deliberation which as Stacy, and Bobby in particular, noted as important.

Chris did explicitly note the money invested in courses for the Disciplinary committee. As a small organization (i.e., membership) a similar investment to bring NEPAC members up a certain level would result in increased fees for the membership to offset this increased cost. Chris could not see a way to accomplish this with the current resources. There are differing views with arguments to be made on both sides resulting in a quandary— is the model used by some regulators, comprised of committee members and staff support the best model? Note that there has been no discussion of whether or how public representatives would fit into the model of regulatory staff carrying out program approval.

### **Where do We go from Here?**

In response to my question, participants related changes they had seen and would like to see. Moving to and adopting the model the CNO uses, would have schools completing the required information for submission to the regulator. At least two participants opined that the educators had the expertise around program evaluation and curriculum. Bobby asserted, “I’m sure that the those who work with students who have received the education and those who develop the competencies and education program, they probably link at some point.” Bobby expressed certainty around this without providing any evidence. It is likely comforting for one to assume or believe this. If you recall, despite being a nurse for over 25 years, when joining the committee, Bobby did not know, why the regulatory body was involved in program approval, that it was in the Act governing the profession.

Is there an awareness amongst the players, of the relationship between the regulator, educators, the educational institution, and the professional either while a student or during professional practice, as to how the competencies are arrived at and who and what is involved in setting them? Nurses are the largest group of regulated health professionals. Only a small proportion can be involved in the process of program approval. What role do employers play in competency development? They are after all, in the case of nurses, the end user (not direct recipient) of the competencies and skill set. I believe this adds credence to my initial thoughts framing this study that for the most part that people are unaware of why they do things or why they do things a certain way.

Lou similarly offered,

I believe that nursing education programs are the experts. I don't think that's our role to judge or say how students should meet those competencies because we're not the experts,

I think, by looking at the standards and the indicators, you trust that those with education, experience in nursing, and education know how those competencies should be met.

Part of my premise for the study, and Chris echoed this view, is that professionals, nurses in this instance, have little educational grounding in program approval or regulation, and instead are hired on the basis of their credential in that discipline (Crider, 2022; Meyer, 1977; Shulman, 2005; Tarrant & Ware; 2012), Nursing does typically require that faculty have one academic degree higher than the group they are teaching. As previously noted, most undergraduate and graduate degrees in nursing do not offer more than a single class in teaching. Some educational institutions, such as the one that employs me, requires new faculty hires to complete a certificate for their duties. It might include curriculum development principles, education technology, and so on.

There are required introductory and capstone/leadership courses, and the remainder are a set number of courses chosen from a set of options. Credit hours for a certificate do not presently typically transfer or convert to an equivalent number of university course credits. If a new hire comes on at the start of a new curriculum implementation, it could be several years before a revision is made where the theory they learned, say in relation to curriculum, is applied. Research shows moving from knowledge recognition or recall to application and transfer of knowledge such as classified in Bloom's or Marzano and Kendall's taxonomies of learning is not necessarily an easy transition (Lovett et al., 2023). Competencies are set by the regulator and the educational institution graduates students who must meet the competencies. The schools develop and map out a curriculum and report on this in their NEPAC submission documents and how it relates to the competencies of the regulator. In their deliberations, in moving away from a committee model to approval of the nursing education program being done in-house, the CRNA's Council noted that the focus was the curriculum, and that curriculum is where the program's expertise lies. This new process does not have someone going on-site to observe, verify, inspect, or interview, unless those red flags are raised. I am left wondering whether this is a step forward, backward, or is neutral. This may make sense for regulators in the country who have numerous programs to approve. Chris noted the cost to get a NEPAC up to speed. It is not the committee members who would do visits though, it would be an external evaluator who likewise incurs costs. Keeping all costs with in-house staff, might see the benefit of a return on your investment amortized over a longer period.

If regulators stop using volunteers and committees, that is the ‘old association model’ and hire staff who may be non-nurses to fulfill this function, might this end badly? Professionals could not be accused of acting in their own self-interest, as they move farther away from being involved in program approval. Could we see a return to committees or members of the profession doing program approval? Might this lead to better outcomes? Or are we going back to the future whereby regulatory staff or Council are approving programs? Time will tell. As stated, regulation and program approval continue to evolve. It may be interesting to study trends and iterations in regulatory change with respect to program approval over time as well as program approval process changes.

### **Synthesis**

Generally speaking, we start learning at birth and continue to do so until we die. Learning takes place beyond formal education. I categorized education, but not learning, as an institution. Formal education is considered that which takes place in an educational institution or setting and includes our K-12 and post-secondary educational institutional offerings, as well as courses offered typically where one pays, attends, some curriculum or teaching plan is followed, goals are met, and a certificate (whether of achievement or participation) is provided. Watkins and Marsick (1990), Marsick and Watkins (2018), and Papanagnou et al., (2022) differentiated between informal and incidental learning. Informal learning is experiential in nature, generally occurs outside of (educational) institutions, and is controlled by the learner. Incidental learning may occur while learners are pursuing some other type of learning or may occur without any intent of learning at all.

I suggest that nursing’s pre-licensure education and the broader socialization to the profession, instills in them not only a values-infused ethical grounding, but an orientation toward lifelong learning. As Shulman (2005), Chinn and Kramer (2017), and Maykut et al. (2024) asserted, the hidden or implicit curriculum is a powerful force in shaping the professions. Members brought to the NEPAC what they had learned in their nursing education and in their practice of the profession.

With no formal education in program approval, preparing members to serve on the committee required education provided by the regulator. This included an orientation to program approval and the provision of materials relating to program approval. An orientation to self-regulation in the public interest was provided because there are public representatives on the

board who will not necessarily bring this knowledge of regulation to the table. For regulated members this served as a refresher reinforcing prior learning. From the regulator perspective, they provided comprehensive materials and described their approach as being very transparent and not holding back any materials to which the regulators had access. This material can include previous reports from educational institutions' schools of nursing and any additional material provided in response to requests from the NEPAC.

In today's educational and employment environments people are presented with curated, off-the-shelf, or employer-tailored learning. In this instance, the regulator is providing a curated selection of materials assumed to be complete for the learner. The rationale for this might be that the committee work is voluntary and being respectful of the time commitment for NEPAC members provision of extensive materials demonstrated this. Recall, it was surprising or rather overwhelming in terms of the amount to read and the time that it took to do so. The significant time commitment was emphasized by a few participants. In addition, earlier reports and responses to these reports are not publicly available documents (although the blank frameworks or completion by the education institution might be). Accordingly, providing these in a secure manner gives access to confidential information. The staff support persons and CEOs did not suggest there was any need for orientation or education beyond what they provided, nor was there mention of prohibiting looking for more information although the expectation to not share confidential information would be made clear. Chris's College was the exception to this process.

The staff support person was available to discuss questions about the process, and the committee members learned from each other as they fulfilled their duty. Participants were quick to acknowledge the responsiveness of their respective staff support person, and the role the other committee members played in their orientation, education, and learning. When one of the members was starting their tenure on the committee, they undertook some learning activities on their own. Contacting someone they considered a peer (who had previously served on the committee) to mentor them and searching online for other information to help them understand their role were some strategies used. Connecting with a peer mentor can provide both direct and vicarious learning and insight to the role as well as reassurances, informed advice, and suggestions as to additional resources.

Tough (1979), a Canadian researcher who studied adults undertaking learning for their own pleasure or purposes, reported on the number of hours, consultation with others, and reading

on their own or otherwise finding and used materials suit their learning. There is limited cross-over here in this case perhaps because the regulator did provide orientation and some education and because this was not strictly an area of interest the person was interested in pursuing before being involved with NEPAC. No participant said they delved into learning about NEPAC *before* agreeing to be on the committee. They were all naïve to the process. Bobby did report consulting with a mentor and searching online for more information. This is in keeping with today's options for searching and finding information, in many instances at our fingertips (Giuseffi, 2018).

The practice of nursing is ever changing as are many facets of life and at an increasing rate. Heraclitus' observation of change being a constant in our life holds true today. Information is exponentially increasing. New information and communication technologies are in the workplace, new equipment, medications (including new classes of medications), tests, treatments, diagnostic methods, disease variants and so on abound. Little of this learning is formal. Certainly, nurses do attend conferences, workshops, obtain higher degrees or other certifications, but so much learning takes place on the job usually with no time dedicated to accomplishing this. It is done on the fly, analogous to industrial inventory-ordering done just in time. Nurses might receive 1-2 days per year for employer sponsored training including or prioritizing risk avoidance/management areas such as CPR, training on IV equipment, suicide prevention, TLR (Transfers, Lifts, and Repositioning) and so on. That does not account for the ongoing updating of medication knowledge and anything else that is in need of learning before the next annual education day.

Kavanagh and Sharpnack (2021) confirmed the accuracy of Densen's (2011) prediction that by 2020 the half life of knowledge in medicine would be 73 days. Considering Kelly's differentiating between 1 year of experience thirty times over, as opposed to 30 years of experience, it is not surprising that these NEPAC volunteers are conditioned to learn(ing). Related to Dweck's (2006) growth mindset, Schein and Schein (2021) argued that survival anxiety is an important motivator and must be greater than learning anxiety. Thus, strategies to decrease learning anxiety are needed. Here, survival refers to keeping abreast of the changing demands of the organization and your profession, that is, keeping pace with your colleagues. NEPAC volunteers went above and beyond accepting the opportunity presented outside the quotidian demands of the workplace, in more of a macro level environment of the profession.

NEPAC members volunteer for the opportunity to contribute to the profession and in so doing, contribute to their own professional growth and development. They are confident in their ability to both learn and perform well in this new role (Bandura, 1987; Dweck, 2006). Successful completion of their pre-licensure program and ongoing learning in their day-to-day work transfers to an ability to do so in other circumstances. They have, after all, completed the education program; they apply the knowledge on a daily basis in situations that they have not previously encountered. This fits with several aspects of learning theories including Vygotsky's (1978) concepts of scaffolding and the zone of proximal development, Bandura's (1977) self-efficacy and social cognitive theories, and Dweck's (2006) work on motivation and a growth mindset.

In talking about their experience, participation on the committee was a positive experience when all was said and done. Given the absence of discrete instruction in program approval information for NEPAC, members are motivated by altruism, not because they bring expertise in program approval to the table. They came into the process naïve to program approval and left with the sense that they served the larger community in the public interest. They had experienced professional and personal growth through learning.

### **Summary of Chapter Five**

In this chapter, I presented the themes I created from participant interviews supported by select literature. The literature I presented in chapter two such as institutions, professions and learning supported my theme development. The carriers of Scott's (2001) three pillars of institutions were reflected in the participant responses. Themes I developed captured participants giving evidence of self-regulating in the public interest under the heading Law and Order. These reflect using structural features of their regulatory body namely the Act, Standards of Practice, and ELCs.

Taking on a new learning challenge both of which result from normative or cognitive-cultural carriers of institutional values and behaviour. The institutions of education and professions shape the professional. Learning makes institutions possible. Participants were oriented toward lifelong learning and had a growth mindset. Nursing requires much learning-on-the-job. These characteristics position nurses to transfer or apply these qualities to the task of program approval.



The size of the regulator (in terms of number of members they regulate) was a factor reflected in the theme Size Matters. Regulators budget is derived primarily from licensing fees. The more members they regulate the larger their budget and (likely) the more staff they can employ.

The last section, Where do we go from here? is somewhat different from the other themes in that participants are responding to a question of what changes they have seen or would like to see in terms of program approval. There were far ranging answers to this question, and I did my best to address each of these.

In Chapter Six, I answer the research question and revisit my literature review and discuss my conceptual model. I will highlight limitations, discuss implications, make recommendations, and end the chapter with select reflections on research.

## **Chapter Six: Implication, Recommendations, and Reflections**

In the previous two chapters, I described and analyzed my participants' experience with NEPAC, integrating it with the literature. I discussed the themes I generated and interpreted from participant interviews. The literature I presented in Chapter Two supported my theme development.

In this chapter, I revisit my literature review and conceptual framework. An element of my framework that can be developed is a better explication the individual characteristics and capabilities of the individual member shown as the green oval in my framework.

I then discuss implications, highlight limitations, and make recommendations. Lastly, I share my personal reflections on the research process.

### **Summary of the Findings**

In my study, NEPAC members did not have an educational foundation with respect to program evaluation or approval, nor as one participant pointed out, regulation. The regulatory bodies recruited and oriented volunteers from their membership. The regulators provided them with a staff support person who in turn provided orientation, education, and accompanying materials to support them in the work of preprofessional program approval. Committee members confirmed they came to the process without specific education in this regard.

Each participant brought their unique background to the table. Within each nursing regulatory body, the members of each profession will have a nursing education program in common, although the pre-licensure programs they graduated from, even within a profession, are not identical. As graduates of a nursing program, they had been primed and oriented toward lifelong learning. Using a variety of learning strategies or methods, participants were enabled to complete program approvals. They had a brief session of didactic learning, with self-directed learning, mentorship, learning by doing, reflection, and vicarious learning constituting a few of the other methods.

They presented themselves with an open mind, a belief in themselves, and were prepared to examine the submitted evidence against structural elements such as Standards of Practice and other approval criteria to render a determination on approval. The time devoted to the process of program approval was significant. Participants recounted their struggles and a sense of being overwhelmed. They reported satisfaction with serving on the committee and expressed confidence that they had learned a lot, done a good job, and overall were pleased with the

experience. This reflected a growth mindset and experiential or learning by doing. They would recommend participating in the process to others and advised that knowing the time commitment up front would have been appreciated. None said knowing the time commitment would have deterred them or caused them to discourage others from participating. It was not a deal breaker to use the vernacular. They had a greater sense of confidence and competence with respect to program approval. None claimed expertise at the end of the process, but they had improved and contributed positively to the process.

Every participant was guided by documents such as the Act, Standards of Practice, and Entry Level Competencies. Without exception, they explicitly referred to these structural elements when discussing acting in the public interest.

### **Theoretical Implications**

Time has passed since I conceived of this research study. Much of the literature I reviewed remains relevant, much is seminal or foundational, and little, if any, is experimental. My aim was not to make predictions. As a constructivist researcher, I sought to understand the phenomenological experience of my participants with respect to program approval in the public interest. Qualitative researchers typically have small numbers of participants, and I was not an exception to this. This research captured a snapshot of an aspect of nurse pre-professional education program approval in the western Canadian region.

### **Revisiting the Literature**

#### ***Society, the Public Interest, and Institutions***

Using institutions as a central piece of the literature was useful in supporting an examination of an aspect of self-regulation in the public interest. Institutions are social constructs that shape our behaviour in unconscious ways. Because they are considered societal norms, there will be variations across cultures writ large. Institutions can be widespread (marriage) or peculiar to a slice of the population (secret handshakes that mark you as an insider). Like assumptions, these taken for granted or ingrained behaviours are examined when they are not reciprocated. When they do not work, that is when we run up against an unexpected response or outcome, we are left to wonder what went wrong. We might sort it out on our own, wonder whether we missed a memo, or recheck our e-mail only to discover a new policy came into effect that day. Or, if discussing it with others, “do you know what happened to me today?” We may discover through conversation the underlying reason for the unexpected. We might think of the context

we were in, find a cultural difference in said context, and conclude that we made a misstep, ‘that it is not the way things are done around here.’ Outsiders, those new to the situation, are more likely to run up against these ritual behaviours or ways of thinking. The newcomer will not know why what they are doing is not working for them, ending with an unexpected outcome. If the newcomer stays, they learn either explicitly or by trial and error what the expectations are. Some may need to be told, some may learn this vicariously, and in other cases, there will be no explanation forthcoming beyond, it’s just the way it is around here. So ingrained (institutionalized) are our beliefs and behaviours, they are invisible, hard to tease out. It is often unknown to the insider who cannot explain it. Berger and Luckmann (1967) would explain it as the insider having gone through the process of habituation and exteriority, while Tolbert and Zucker (1996) would use the terms objectification and sedimentation. Someone who went through a transitional phase of change in an organization or institution might be able to provide an explanation as to how things were and why they are the way they are now.

That said, aspects of society and thus institutions do change. Given the current variety, ready availability, ease of use of information and communication technologies (ICT), and the resultant speed with which we can communicate today, diffusion of information can be very quick. Consider my use of Zoom for my interviews. Prior to the COVID-19 pandemic, I had never heard of it; similar platforms perhaps, but not Zoom specifically. In the less than 5 years that have passed, Zoom is almost a household word. My 90-year old mother, who has never used a computer or smart phone, is generally aware of Zoom’s purpose. Institutions and organizations have embraced the use of Zoom. They may have started on the path to using it but the COVID-19 pandemic hastened its diffusion.

Information and communication technologies have enabled partnerships for global collaborations in fields such as research and music. I personally have virtually attended conferences simultaneously with participants located in multiple countries. It adds exciting possibilities for future research projects.

In addition to this, the world is getting smaller in many respects. Travel is more common, immigration and global migrations (including refugees), and so forth, also bring changes to societies. For example, the Saskatchewan government has made a few forays into other countries, notably the Philippines, and on these occasions recruited hundreds of nurses from there en masse to practice in Saskatchewan. In response to global pressures, nurse regulators

have had to adapt, not just in Saskatchewan, but across the country, so that internationally educated nurses can practice in Canada.

I identified education and professions as institutions and subsumed under these is preprofessional education. Together these institutions are the power trio in forming the professional. The professional is, in part and most significantly, defined by their lengthy post-secondary education. Extended exposure to these institutions infuses the professional with values and beliefs shaping their behavior (Schein, 1968; Shulman, 2005; Chinn & Kramer, 2017). The graduate, on becoming a member of its College, is then shaped by the regulator and professional colleagues. There are few hybrid (nursing) models with the dual mandates of professional regulation and member advocacy remaining. Such instances in Canada are (still) undergoing legislative change(s). In an age of increasing answerability, the state is imposing more accountability measures on professions and professionals.

Preprofessional education steeps future professionals in the profession's values including, and especially, acting in the public interest. In my study some professionals explicitly stated the public interest, though most talked about public safety or safe, competent practice as the *raison d'être* for regulation and program approval. This is an expected outcome of their preprofessional education. Scott (2001) identified carriers of his three pillars of institutions (regulatory, normative, and cognitive-cultural), as coercive, normative, and mimetic. These are borrowed from DiMaggio and Powell's (1983) institutional isomorphism. As noted, these are not necessarily discreet influences (Bromley & Orchard, 2016). Thus, the law (coercive) shapes Canadians' thinking (wearing a seatbelt; for nurses— proper storage, handling, and accounting for narcotics), as do normative or 'insider' values (serving in the public interest), and culture or custom (externally motivated). In the case of the latter, a regulatory body looking to make a change in practice, might explicitly say, "Let's not reinvent the wheel...let's do what XYZ is doing, or let's find out what XYZ is doing with a view to adapting or adopting it." In the latter example it might be hard to tease out whether this is normative or mimetic.

There are distinct instances when a change is more symbolic than ceremonial illustrative of decoupling. Bromley and Powell (2012) reminded the reader of Meyer et al. (2007) admonishment to not judge decoupling too harshly and they discussed why there these symbolic changes are not always enacted. In my study, most of the regulators were adopting, or exploring with the intent to adapt, the CNO framework for program approval. Institutions, and to a lesser

extent organizations, were valuable concepts to include in the literature review and my study framework. My findings from this study add support to these theories.

### ***Self-Regulation***

In the Canadian context, legislative changes affecting nurse regulators, started in Ontario. Increasingly, there are umbrella legislation templates to which, in updating Acts respecting specific professions, regulators must conform (e.g., the ‘must be included,’ ‘will not be included’ boxes to check off). Notably, whereas there were dual mandate organizations, that is the regulatory arm and the association (advocacy) arm, the College model with the single mandate of regulation increasingly is the required model. The ‘old’ Association model is all but gone. The organizations in my study which retained that label in their title are awaiting legislative changes to complete the process of a change in name reflective of their working to a single mandate. The move to a single mandate brought self-regulation in the public interest into sharp focus, its indisputable *raison d’être*. Recall that Adams (2022b) posited it may be the only reason for health professions to self-regulate. All participants articulated that their role in program approval was in the public interest and pointed to structural elements such as standards of practice and entry level competencies as guiding documents.

Future researchers can explore whether self-regulation is an accurate reflection of the work of regulators. As Zacharias (2009) argued, there are constraints within which regulators must operate and the state, as the legislating authority, has delegated aspects of regulation that are subject to revision as has been discussed in this report. Zacharias believed the model is better described as co-regulation, not self-regulation. Despite every participant referring to some structural element as guiding their process and decisions, or those that described legislative changes to their Act, no one identified co-regulation as a more accurate term than self-regulation. Interestingly, Canadian nurse regulators (e.g., CRNS) themselves have started to use the term profession-led regulation. This change in language may be more palatable to the public than self-regulation and connote adherence to a higher standard than self-regulation.

In my study, nurses acted in the public interest. Though some aspects (notably discipline of members) are questioned in the literature, with respect to program approval, self-regulation in the public interest was clear in this study.

## *Learning*

With few exceptions, learning is a lifelong endeavour. Outside of those formal institutionally based models of education, learning takes place throughout our life in informal, incidental, and unintentional ways as discussed in my literature review. It is a key factor in the formation and continuing development of a professional. From day-to-day life in society to our post-secondary education for our profession, we are taking in and processing information. We are learning.

Pre-licensure programs will articulate some of their values-education through an ethics course or module. Shulman (2005) asserted much of the ethical aspect of becoming a professional is learned vicariously via the hidden or implicit curriculum, an example of the cognitive-cultural carrier. Committee members volunteering for the NEPAC, succeeded in their mission while honouring the mandate of serving in the public interest.

Vygotsky's (1978) concepts of scaffolding and the zone of proximal development also came to mind when participants talked about the process being a lot like nursing in terms of seemingly endless on-the-job training (or more accurately, learning). Whether these are truly able to be separated out or lie in the mix of learning could be an area for further research. My study does support many aspects and modes of learning discussed in the literature review. A future researcher could explore what in the NEPAC members' prior experience is a scaffold to their learning, how program approval is a reasonable or attainable next step, and what are any intervening steps. Researchers could also explore the staff support members and whether scaffolding or the zone of proximal development is a conscious consideration by them in assessing, planning, developing, and providing orientation to the committee members for their role in program approval. Next, I present my conceptual model, evolved from my conceptual framework in Chapter Two (Figure 6-1).

**Figure 6-1**

*Conceptual Model*



Most of the time, the borders of the circle, oval, and star are not rigid, but are permeable allowing for two-way diffusion between all these elements and allowing for some blurring across the boundaries. Our society can be influenced by other societies. Influences can diffuse in both directions from the individual to society and vice versa facilitating reciprocity and change. For



example, education can change me, and I can change education, and a great many other things because of what I learn. My thoughts, beliefs, and actions will be influenced and might be changed through learning and coercive, normative, or mimetic forces. I believe that as the researcher, that when I did my study, I was looking at a phenomenon at a point in time and captured more of a snapshot or videoclip rather than the entire movie or episode.

The oval is shaded green, a colour often associated with life and health. Green symbolizes development and growth of the professional, through education, experience, and (lifelong) learning. Living things are complex, and like fractals, are replete with flaws, twisted, and (en)tangled (Stanley, 2007).

### **Rhizome Aspect of the Framework**

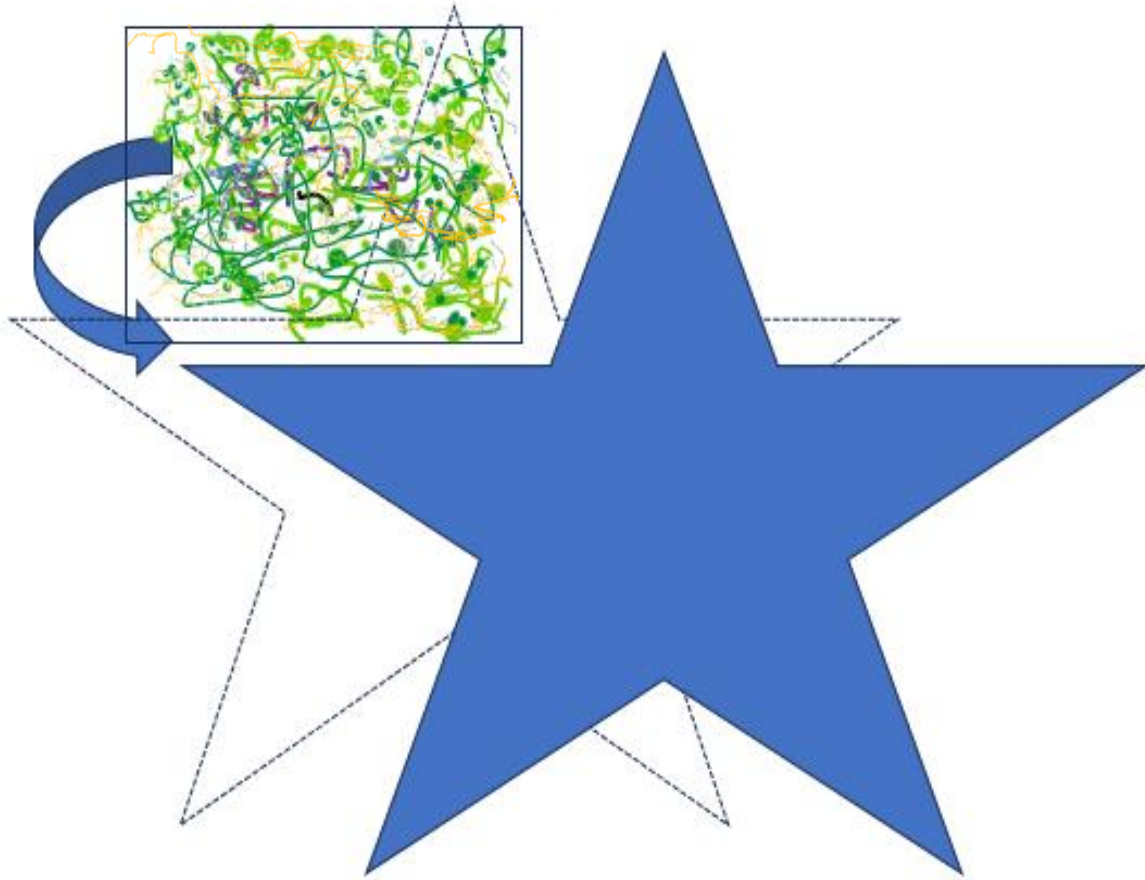
I was very excited to discover this model. It kept presenting itself to me and I decided to incorporate it not as a model of research but as a feature of my thinking— of how I envisioned the concepts in my literature review influenced each other. I believe it worked well and was useful for my purpose. I believe it is difficult to isolate how one experience or piece of learning affects another. What grabs our attention one moment, may not do so the next. Future research to validate this as a suitable representation for constructivist learning is needed.

The oval is (moss) green. Moss is a rhizoid plant that lacks proper roots and instead has tiny hairlike structures: these can break, grow in clumps, and grow in different directions. Eco was taken by the infinite possibilities of the rhizome. Deleuze and Guattari (1980/1987) built on Eco's earlier encyclopaedia theory and proposed the rhizome as (un)structure. Kokorudz (2023) asserted that as part of a person becoming, "the rhizome is used to illustrate the becoming assemblages of events that influence participants' experiences (p. 432)." I do not envision linear, or reflexive arrows depicting equal interaction and movement between these elements as such. I see unpredictability, reflective of life and the rhizoid form. I see swampy lowlands as described by Schön (1983). To my way of thinking, straight lines and right angles cannot capture complex systems. The rhizome allows for limitless connections— well-suited for constructivist learners (Driscoll, 2005), researchers (Kokorudz, 2023), and theorists. Each of these elements of the literature review are shown as the points of the star, and the nourishing substrate of society depicted as the circle, can inform one another but not necessarily in a predictable, even, or equivalent manner. They contribute in various ways to the ongoing growth and development of the professional. I believe the rhizome model is in keeping with my constructivist stance to

research, and the constructivist approach to education, the nursing program in which I teach, espouses (Figure 6-2).

**Figure 6-2**

a) *Cut Away View of Rhizome Structure*



b) *Cross Sectional View of Rhizome Structure*



### *Individual Characteristics and Attributes*

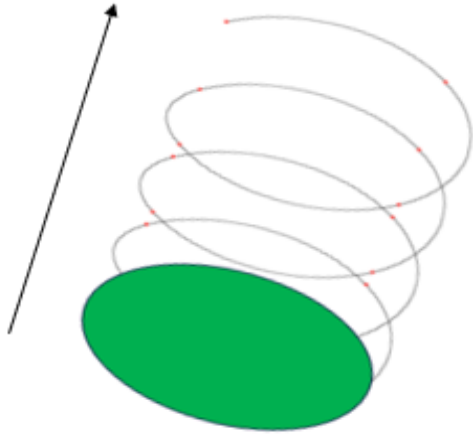
In retrospect, as I was writing up the study, I think I could have improved my conceptual framework by a more in-depth discussion of what the professional brings to the table, that is, those individual characteristics and attributes. Their personal attributes such as self-efficacy and the social cognitive model of learning (Bandura, 1987) and motivation and a growth mindset (Dweck 2006) are essential constituents of these individuals. The work of these scholars brings to light the motivation to learn. Participants pointed to learning from others during deliberations, but not in a pedantic manner of instruction. On hearing a differing point of view or experience, participants reported reflecting-in-action and a new way of thinking being triggered by the matter under discussion. Future researchers can further investigate these individual characteristics and capabilities.

I think this is in keeping with my constructivist stance to research, and the constructivist approach to education the nursing program, in which I teach, espouses. I envision a spring-shaped single helix arising and moving upward (forward) along the border of the oval as representing some (outward or forward) growth. It might be reminiscent of the tendrils of a plant searching to take hold of a structure for support as it moves forward in time or up a clinical ladder if I think of a professional. This brings to mind phototropism, seeking light and for me education has always had associations with light...the light of reason, or a beacon of light, examining ideas under (a harsh) light, taking in knowledge by reading requires light, and of course sunlight is life giving, warming. This forward or upward movement too reminds me of Heraclitus insights into change in his phrase ‘you can’t step in the same river twice.’ We can look the same on the outside from day-to-day, especially to those who see us daily. The reality is our cells are changing all the time albeit at different rates. Cells lyse and generate; neurons are being formed and pruned—all the while we outwardly look the same as change is taking place. The river moves and is different from second to second. The sediment can be moved, a stone thrown in, covered, or uncovered, fish change position, and so on (Figure 6-3).

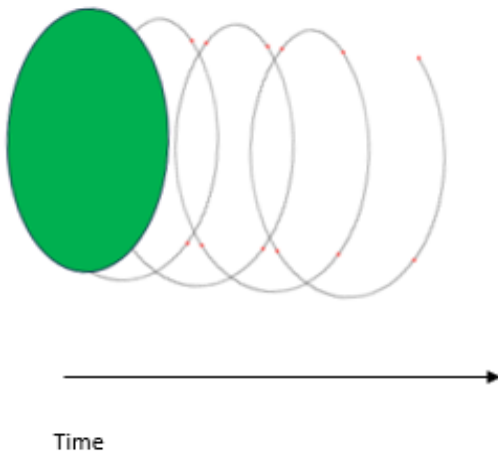
**Figure 6-3**

*Conceptual Framework 3-D Detail*

a) Career Advancement/Growth of a Professional (moving forward and/or upward)



b) Personal and Professional Movement Forward in Time



## **Practical Implications**

This research has practical implications for regulators of nurses.

### ***Model of Program Approval for Regulators***

Most of the regulators in my study were using a committee model for program approval and one regulator had implemented a different model in which regulator staff members are the sole or significant players in program approval. Arguments against using the committee model included that this is a dated model in an age of increasing accountability. The cost associated with bringing members up to par within an Administrative Law lens, as is used with the statutory committee members (such as the disciplinary committee), are significant. An equivalent or similar amount is not presently invested in the NEPAC members; however, they may be held same legal standard and liability. The regulator's decision for program approval must be legally defensible as are disciplinary dispositions and orders.

Regulation of nursing is not standard across Canada though it is becoming increasingly similar. The uneven timing of changes in legislation may be the underlying reason for different models. It does seem there is movement toward working in a collaborative, cooperative, and collegial manner and that the sharing of resources and consultation with other regulators is taking hold. This may present opportunities for change.

Choosing to keep the present structure means the regulator has to provide orientation and education to members who volunteer, as well as to public representatives on their NEPAC. Although providing access to and sharing information for program approval is necessary, they must also help the volunteers understand the organization and document filing system relevant to the work of the NEPAC to aid them in their task.

### ***Supports and Resources***

Committee members need time to review and prepare for meetings. Do be upfront about the time commitments. NEPAC members may be volunteers, but their time should be respected. The staff support person was spoken of very positively and they are striking the right balance in providing information and being patient and encouraging throughout the process. An area that was considered more difficult to discern for the NEPAC members that may warrant more exploration or a better explanation was what constituted evidence from the school of nursing to prove they are meeting the criteria for program approval.

Weigh the pros and cons of meetings via Zoom vs in person. On the one hand Zoom might facilitate participation from those usually constrained by travel, on the other hand, many people do not find virtual meetings as satisfactory as ones that-are-face to face or a blend of the two.

### ***Ongoing communication***

Do continue to make or seek opportunities to collaborate with other nurse regulators. The roundtable in the fall of 2023 was a positive step forward. It brought together not only Canadian regulators but also a researcher from the USA based NCSBN. Canada has an established working relationship with the NCSBN for the licensure exams (NGEN-NCLEX®). Partnering with other regulators (internationally) for research projects can extend to other opportunities.

### **Recommendations and Considerations**

Given that I took a constructivist stance in the study, and the rhetoric of writing the study takes an informal style, I prefer to use the term, or couch recommendations as, considerations. To me it is a better fit. For other constructivists reading this study, it might spark curiosity and exploration whereas a prescriptive recommendation might be rejected out of hand.

### ***Recommendations For Education Administrators***

Education administrators are responsible for policymaking and compliance. They require familiarity with program approval requirements. In educational institutions offering a pre-licensure program, administrators need to ensure allocation of resources to ensure programs meet approval criteria so that their graduates are eligible to write their licensing examinations. Administrators must ensure that faculty are educationally prepared to teach and that the faculty in turn understand what approval entails. Specific resources and services must be available to faculty and students and will vary with the program and over time because approval criteria evolve. Education administrators must ensure that they and their faculty members understand the requirements and aims of education approval and how they differ from accreditation because both processes might co-occur and while similar, are not identical.

NEPAC members do not necessarily have a background in education, and they are looking for specific evidence of how the program is meeting criteria. Too many examples result in extra reading and work in an already content rich process. Giving too many examples can tax the committee and may lead to a belief that there is uncertainty on the education institution or

school of nursing as to part of what constitutes (good) evidence. Thus, the self-assessment submitted to the regulator must be comprehensive yet concise.

Technologically assisted education is increasing. Simulation labs can serve many schools within an educational institution. For nurses, given a shortage of clinical placements, and in an attempt to provide key experiences, simulation may replace part of nurses' education programs. Does the nursing program have reasonable and adequate access to the appropriate labs (i.e., high and low fidelity)? Accepting simulation in lieu of clinical placements will require simulation labs to be approved/accredited. Determine whether and which is required by the regulator(s). As an administrator more than one of your programs using the simulation lab may require accreditation. Verify these requirements across programs and streamlining the process and sharing costs is prudent. Keep abreast of emerging technologies. Research on adoption of simulation is limited. Though an attractive alternative to clinical hours, further research on simulation is needed. Likewise, technologically supported, or mediated learning is likely here to stay. Further research will help determine evidence-based use.

### ***Recommendations For Regulators***

Some regulators have moved or are moving to a model whereby member volunteers on committees, indeed committees themselves, are passé. Consider the structure for pre-licensure education program approval through the lens of a single mandate regulator. If you retain(ed) a committee structure, did you evaluate and choose it after considering other alternatives? If you opt to use a consultant, clearly articulate their role and critically appraise what the consultant brings to the process. Determine whether you are getting good value for your money.

The current model used by the CNO, and (being) adopted by many Canadian regulators, allows for, but does not require, a site visit. **Considerations** Is there a role for site visits, and what is it? Do you run the risk of having no human face for the school of nursing. Even with a single mandate, what does the face-to-face interaction/visit foster? Is it a match for *right touch regulation* that the Canadian Council of Registered Nurse Regulators endorses? What is lost or gained when communications are never face-to-face? Are you losing critical information when people lose direct face-to-face access to you? What are the drawbacks and negative associations when the only time you appear is because there is a problem? If there is no site visit, how can you maintain a collegial working relationship with the educational institution?



If you retain the committee model, create networking opportunities between all committee members (in-person meetings). Consider how to facilitate and deepen trust and appreciation of members' backgrounds vis-à-vis education and experience. Have other similar organizations found ways to accomplish this in virtual and hybrid meetings? On the one hand virtual meetings do allow for increased participation for myriad reasons; on the other hand, if trust is not established, will it adversely affect the work of the committee?

The regulator needs to be transparent about the time commitment for orientation and estimates to complete committee work for NEPAC members. Invest time in how to access information and how it is organized. There is a considerable amount of material members need to access. Frustration with locating the materials can be discouraging no matter how motivated people are to take on this responsibility. Continue to determine motivation to participate and a good fit between the volunteer and their goals in participating.

Technologically assisted education is increasing. Given that simulation labs serve many schools within an educational institution, does the nursing program have reasonable and adequate access to the appropriate labs (i.e., high and low fidelity)? Simulation may replace a part of the education program. Will you approve simulation labs, or will some other body have to approve or accredit them? There are accrediting bodies such as Society for Simulation in Healthcare (SSH). If the educational institution has programs other than the school of nursing accessing the simulation lab, does each program require approval or accreditation by different bodies? Is there any mechanism for the regulator to accept more than one? This may be less of an issue for smaller provinces but in a province where dozens of programs exist this can pose a challenge because both approval and accreditation have a fee attached. Ensure the adoption and use of technology assisted learning is supported by robust research.

**Consider** a student register if you currently do not have one. Is there a role for a student register in your jurisdiction? Consult with similar organizations that have this structure and learn from their experience. What benefits can accrue to each of the regulators, educational institutions, faculty members, students and the public with this structure in place? What are the downsides, and for whom?

**Further research/monitor** graduate outcomes and safety. In the USA, Kavanagh and Szweda (2017) found a lack of competence in practicing nurses and Kavanagh and Sharpnack (2021) subsequently reported an increase in incompetence in nurses. These nurses are graduates

of approved programs who were eligible to write, and then passed, their licensure exams. Does this gap exist in Canada and if so, is this gap in competence continuing to increase? What is (are) the root cause(s)?

For regulators who have moved away from the committee structure to a staff /council model of program approval— is there any change over time from the perspective of the regulator or the school of nursing on program approval? What differences are reported? Is there a sense that things are better, worse, and in what ways?

### ***Recommendations for Government***

For officials involved in legislation affecting regulators, ensure there are as few barriers to doing research on regulated professionals as possible. For PhD students, with limited funds, fees of a few hundred dollars just to consider participation can be a barrier. Reasonable academic research access to members via the regulator should be considered and welcomed. Research can provide insights into the institution of professionals and self-or rather profession-led regulation in the public interest as well as inform policy.

### ***Recommendations for Researchers***

Future research on (nurse) educators' knowledge/competence in curricula and matching content to standards and outcomes and supporting evidence. Farrar-Stern and Young-Brice (in press) are proposing a standardized education requirement of faculty to teach in nursing programs.

What process or approach to program evaluation and approval does the school of nursing use? (Recall some participants assumed educators are experts at linking regulator standards to program outcomes). Is everyone involved, is one person appointed to do the work, gathering the siloed input of others and completing the templates mostly in isolation? How does the approach used ensure educators understand the scope of program approval and their contribution to it? This can be as far ranging from the theoretical model of the program, to curriculum development, to choosing strategies for transfer of learning in the clinical setting.

### **Limitations**

This study included a small number of participants (n=8). Participation was extended (purposive sample) to the nurse regulators across western Canada. Not all regulators are represented in the study: three nursing groups (licensed practical nurses, registered nurses, and

registered psychiatric nurses) are represented in the interviews. Canadian nurses may differ from nurses in other countries and from other groups of professionals.

## **Reflections**

### ***Reflections on Being a Researcher***

At almost every point I found myself thinking, oh, if only I had done this, or known that. I have a growth mindset and am aware I am a work in process—I am becoming (Allport, 1977). An appetite for and expectation of learning something new every day is exciting, it is motivating. Similar to my participants, was I an expert when I started this? Decidedly not. Do I know more now than I did then? Certainly, and as Bobby stated, I still have a million questions. I made decisions based on limited knowledge, got some help from my friends (colleagues), stood on the shoulders of researchers and scholars, giant or otherwise. I was in the crucible — struggling, wrestling, reflecting, reading, and writing. I did engage in dialogue with a couple of my colleagues while I toiled, but in retrospect, not enough. A sentence I read in the mid '90s has stuck with me (and whose author I have long forgotten) is, 'When I hear myself speak, I come to learn what I believe (think).' I could have talked more, deliberately employing dialogue as a learning method.

In the science lab the crucible is the vessel in which the contents (in this case me) have heat applied and is an apt metaphor for my experience with this study. Fire is the element of transformation, and I sense I am still undergoing transformation—perhaps it never ends so long as we are learning.

### ***Reflections On Being an (Interpretive) Researcher***

I am honoured that people took part in my study and shared their experiences with me. They trusted me to interpret their story in a fair and respectful way and I hope I have done justice to making sense of their accounts. Without my participants, I would have no study. I met nurses with whom I immediately sensed a connection, kindred spirits if you will. I was so excited and interested to learn from them. I am proud and humbled to have such colleagues. The nursing field is lucky to count them among our own. Despite a shortage of nurses and the resulting increased demands on nursing time and workload, my participants were generous to invest their time in my study. I am so grateful.

In most respects, I was treated as an emic researcher. During our interviews, the participants used language they assumed I would know, only on rare occasions asking if I was

familiar with some term before they elaborated. I can only assume it was my credential as a nurse that engendered this because I did not work with these nurses (some are not in my province, the same specific profession, and none in the same workplace) but we all spoke the same language. I knew the acronyms and did not have to ask for an explanation. I can make an argument for or against being an insider and I am grateful to have been received as such.

I struggled mightily with coding, fighting to empty my head of terminology and concepts from my literature review and professional life. I found that much like trying to still my thoughts and empty my mind as a beginner's efforts at meditation, it was a frustrating endeavour. I was comforted at times by some researchers highlighting that coding is a bit different when you are asking fairly specific questions. Eventually, I was able to untether my thinking and as Braun and Clarke (2022) instructed— have fun with it. They advised to be creative with your themes, so the reader is engaged. I do agree the process is not a stepwise sequential process. Revisiting the data multiple occasions to allow time away from it was vital. Each review of the data allowed me to discover something new.

Another struggle was shifting my thinking from a mixed-methods to a qualitative study and not continuing on with what I had first wanted to do. Perhaps my most significant challenge was the sheer volume of information available today. When I compare completing my Master's degree some 20 years ago, I spent a lot of time and money photocopying journal articles (at that time, in most university libraries, nursing journals did not circulate) finding and retrieving information was not as easy as it is today. The volume of information today is overwhelming. I have many interests and read a wide variety of material on diverse topics. I am easily distracted by these other interests, something that might relate to my work, or to a personal interest, and I would find myself once again off-course and had to tell myself firmly, "Not now Cindy, there will be lots of time for this later." If I live to be 175 years old, I *might* make it through my current reading interests (which like my ignorance, is vast and growing by the day).

Finally, life does not stop while completing a PhD. Demands on my time were many, and although I could say no to some, others could not be deferred. We can not always know whether we made the right choice. Time unfolds as it will and what is true one moment, may not be the next. I believe the adage that truth is the daughter of time.

Despite the foregoing, I really did enjoy my immersion in the data and the process of obtaining it. I do love writing (not necessarily with deadlines) and do not regret undertaking this

project (the dissertation). This has mostly been a solitary endeavor, and perhaps it needs to be. I think I have moved from a caterpillar to being ensconced in a cocoon and am decidedly not yet a butterfly.

My 3 big insights early in my PhD career were (and remain thus today);

1. My ignorance is vast and growing by the day.
2. The correct answer to most questions is, it depends.
3. Like Schein's popularization of Hall's (1956) depiction of culture... Think of icebergs— what lies below? How much is visible or exposed? (relates back to insight #1).

### **Concluding Statement**

This study provided a snapshot, in a geographic region of Canada, of an aspect of professional self-regulation in the public interest. My aspect of interest, the background and learning needs of NEPAC members to serve in the public interest, is changing, evolving. A study done 5-years either side of this one, or in a different region or combination of jurisdictions would yield a different snapshot or *state of the union* so far as self-regulation goes. My study found that program approval has changed and is changing. These adjustments are moving regulators to a more standardized evidence-based framework and processes. Despite being single mandate regulators, some retain a volunteer-based committee structure characterized by one of my participants as a throw-back to the Association model. Regulation and member advocacy and benefit activities are seen as competing purposes in this dual mandate model. All my findings of current practices should lead anyone to believe that at each turn, from the CEOs of the regulators to the committee members who volunteered for the NEPAC, self-regulation in this context is conducted in the public interest. Each participant cited public safety as their *raison d'être*. One of the lenses I used in this study was the Bolman and Deal's (2021) structural frame in which rationality and serving the public interest are key principles. This proved to be true in my study, and a good match with Scott's (2001) institutional framework.

Taking a constructivist stance in the qualitative research methodology and using Reflexive Thematic Analysis to examine my participants' phenomenological experience in NEPAC allowed me flexibility in my study. Several scholars espoused the emergent nature of this type of research and although I had some trepidation, I was excited, to have my sense of this emergent process of research validated. Despite being flexible, as a researcher, I still had to take

care to produce a trustworthy product documenting this process and demonstrating a commitment to learning and applying the art and science of qualitative research and scholarship.

## References

- Abadi, H. A., Ayentimi, D. T., & Coetzer, A. (2020). The meaning and essential nature of a profession: A multi-perspective approach. *Labour & Industry*, 30(1), 85–96.  
<https://doi.org/10.1080/10301763.2020.1723784>
- Abrandt Dahlgren, M. (2011). Higher education and becoming a professional. In D. N. Aspin & J. D. Chapman, (Series Eds.), L. Scanlon (Ed.), *Lifelong Learning Book Series: Vol. 16. "Becoming" a professional: An interdisciplinary analysis of professional learning*, (pp. 77-93). Springer.
- Adams, T. L. (2009). The changing nature of professional regulation in Canada, 1867-1961. *Social Science History*, 33(2), 217–243. <https://doi.org/10.1215/01455532-2008-020>
- Adams, T. L. (2010). Profession: A useful concept for sociological analysis? *The Canadian Review of Sociology*, 47(1), 49–70. <https://doi.org/10.1111/j.1755-618X.2010.01222.x>
- Adams, T. L. (2016). Self-regulating professions: Past, present, future. *Journal of Professions and Organization*, 4, 70-87. <https://doi.org/10.1093/jpo/jow004>
- Adams, T. L. (2022a). What is the public interest in professional regulation? Canadian regulatory leaders' views in a context of change. *Professions and Professionalism*, 12(3).  
<https://doi.org/10.7577/pp.4962>
- Adams, T. L. (2022b). Drivers of regulatory reform in Canadian health professions: Institutional isomorphism in a shifting social context. *Journal of Professions and Organization*, 9(3), 318–332. <https://doi.org/10.1093/jpo/joac018>
- Aldridge, S. (2008). The regulation of health professionals: An overview of the British Columbia experience. *Journal of Medical Imaging and Radiation Sciences*, 39(1), 4–10.  
<https://doi.org/10.1016/j.jmir.2008.01.001>
- Allport, G. W. (1977). *Becoming: Basic considerations for a psychology of personality*. Yale University Press.
- Allred, G. K. (2002). The professional association—Guardian of the public interest. In *22nd International Congress of the International Federation of Surveyors in Washington, DC*. Available at [http://www.fig.net/pub/fig\\_2002/Ts1-4/TS1\\_4\\_allred](http://www.fig.net/pub/fig_2002/Ts1-4/TS1_4_allred)
- Allsop, J. (2006). Regaining trust in medicine. *Current Sociology*, 54(4), 621–636.  
<https://doi.org/10.1177/0011392106065093>

- Andrews, N. J. (2006). Board self-evaluation process. *Journal of Healthcare Management*, 51(1), 60–66. <https://doi.org/10.1097/00115514-200601000-00010>
- Antrobus, S. (1997). Developing the nurse as a knowledge worker in health - learning the artistry of practice. *Journal of Advanced Nursing*, 25(4), 829–835. <https://doi.org/10.1046/j.1365-2648.1997.1997025829.x>
- Araki, S., & Kariya, T. (2022). Credential inflation and decredentialization: Re-examining the mechanism of the devaluation of degrees. *European Sociological Review*, 38(6), 904–919. <https://doi.org/10.1093/esr/jcac004>
- Arnold, E. C., & Boggs, K. U. (2020). *Interpersonal relationships: Professional communication skills for nurses* (8th ed.). Elsevier.
- Arum, R., & Roksa, J. (2011). *Academically adrift: Limited learning on college campuses*. University of Chicago Press.
- Association of Accrediting Agencies of Canada (2023 October 13). Membership. <https://aaac.ca/>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248–287. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)
- Barber, B. (1963). *Some problems in the sociology of the professions*. *Daedalus*, 92(4), 669–688.
- Benner, P. (1984). *From novice to expert*. Addison-Wesley.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call to radical transformation*. Jossey-Bass.
- Benton, D. C., Cleghorn, J., Coghlan, A., Damgaard, G., Doumit, M. A. A., George, J. L., González-Jurado, M. A., Kwek, P. E., Johansen, C., Msibi, G. S., Nyante, F., Owyer, E., Reed, C. M., Rodriguez, A., & Vogt, T. (2019). Acting in the public interest: Learnings and commentary on the occupational licensure literature. *Journal of Nursing Regulation*, 10(2), S1–S40. [https://doi.org/10.1016/S2155-8256\(19\)30120-6](https://doi.org/10.1016/S2155-8256(19)30120-6)
- Berger, P. L., & Luckmann, T. (1967). *The social construction of reality*. Doubleday.
- Black, B. P. (2023). *Professional nursing: Concepts & challenges* (10th ed.). Elsevier.
- Bloomberg, L. D., & Volpe, M. (2018). *Completing your qualitative dissertation* (4th ed.). Sage.



- Bolman, L. G., & Deal, T. E. (2021). *Reframing organizations: Artistry, choice, and leadership* (7th ed.). Jossey-Bass.
- Bosher, S. D., & Pharris, M. D. (2009). *Transforming nursing education: The culturally inclusive environment*. Springer.
- Bourgeault, I. L., Benoit, C., & Hirschhorn, K. (2009). Introduction: Comparative perspectives on professional groups. *Current Sociology*, 57(4), 475–485.  
<https://doi.org/10.1177/0011392109104350>
- Brante, T. (2011). Professions as science-based occupations. *Professions and Professionalism*, 1(1), 4. <https://doi.org/10.7577/pp.v1i1.147>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.
- Brockman, J. (1998). "Fortunate enough to obtain and keep the title of profession": Self-regulating organizations and the enforcement of professional monopolies. *Canadian Public Administration*, 41(4), 587–621. <https://doi.org/10.1111/j.1754-7121.1998.tb00222.x>
- Bromley, P., & Orchard, C. D. (2016). Managed morality: The rise of professional codes of conduct in the US nonprofit sector. *Nonprofit and Voluntary Sector Quarterly*, 45(2), 351–374. <https://doi.org/10.1177/0899764015584062>
- Bromley, P., & Powell, W. W. (2012). From smoke and mirrors to walking the talk: Decoupling in the contemporary world. *The Academy of Management Annals*, 6(1), 483–530.  
<https://doi.org/10.1080/19416520.2012.684462>
- Broscheid, A., & Teske, P. E. (2003). Public members on medical licensing boards and the choice of entry barriers. *Public Choice*, 114(3/4), 445–459.  
<https://doi.org/10.1023/A:1022651002775>
- Brunke, L. (2014). Canadian provincial and territorial professional associations and colleges. In M. McIntyre & C. MacDonald. *Realities of Canadian nursing: Professional, practice, and power issues* (4th ed., pp. 143-157). Lippincott Williams & Wilkins.
- Canadian Association of Schools of Nursing. (2023 October 13). Accreditation.  
<https://accred.casn.ca/>
- CanLII (2023). Miscellaneous Statutes (Saskatchewan Health Professions) Amendment Act, 2023, § 2023, c 6.  
<https://www.canlii.org/en/sk/laws/astat/ss-2023-c-6/latest/ss-2023-c-6.html#noteup>

- Carcary, M. (2009). The research audit trial—enhancing trustworthiness in qualitative inquiry. *Electronic Journal of Business Research Methods*, 7(1), 11-24.
- Carcary, M. (2021). The research audit trail: Methodological guidance for application in practice. *Electronic Journal of Business Research Methods*, 18(2), 166–177. <https://doi.org/10.34190/JBRM.18.2.008>
- Carkhuff, R. R., & Anthony, W. A. (1979). *The skills of helping: An introduction to counselling*. Human Resources Development Press.
- Chaserant, C., & Harnay, S. (2015). Self-regulation of the legal profession and quality in the market for legal services: An economic analysis of lawyers' reputation. *European Journal of Law and Economics*, 39(2), 431–449. <https://doi.org/10.1007/s10657-013-9420-1>
- Chen, H. (2015). *Practical program evaluation: Theory-driven evaluation and the integrated evaluation perspective* (2nd ed.) Sage. <https://doi.org/10.4135/9781071909850>
- Chinn, P. L., & Kramer, M. K. (2017). *Knowledge development in nursing: Theory and process* (2nd ed.). Elsevier.
- Clance, P. R., & Imes, S. A. (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research, and Practice*, 15(3), 241–247. <https://doi.org/10.1037/h0086006>
- College of Nurses of Ontario. (2019). Nursing education: Program approval guide. <https://www.cno.org/globalassets/3-becomeanurse/educators/nursing-education-program-approval-guide-vfinal2.pdf>
- College of Registered Nurses of Alberta, (2024 Mar). March Council Meeting [Video]. <https://www.youtube.com/watch?v=BO56HSeNGPU&t=9569s>
- College of Registered Nurses of Saskatchewan (2023). Bylaws. <https://www.crns.ca/about-us/how-we-govern/act-bylaws/>
- Conner, R. F. (1986). The teaching of evaluation in interdisciplinary programs. *New Directions for Program Evaluation*, (29), 61–69. <https://doi.org/10.1002/ev.1420>
- Cooper, B. S., Fusarelli, L. D., & Randall, E. V. (2004). *Better policies, better schools: Theories and applications*. Allyn & Bacon.
- Cooper, S. S. (1980). Self-directed learning: An introduction. In S. S. Cooper (Ed.), *Self-directed learning in nursing* (pp. 3-11). Nursing Resources.

- Cranton, P., & Merriam, S. B. (2015). *A guide to research for educators and trainers of adults* (3rd ed.). Krieger.
- Crawford, S. E. S., & Ostrom, E. (1995). A grammar of institutions. *The American Political Science Review*, 89(3), 582–600. <https://doi.org/10.2307/2082975>
- Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). Sage.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). Sage.
- Cresswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.
- Crider, C. (2022). Pedagogical content knowledge for nurse educators: An intersection of disciplines. *Teaching and Learning in Nursing*, 17, 449-454. <https://doi.org/10.1016/j.teln.2022.01.001>
- Currie, T. E., Campenni, M., Flitton, A., Njagi, T., Ontiri, E., Perret, C., & Walker, L. (2021). The cultural evolution and ecology of institutions. *Philosophical Transactions of the Royal Society of London. Series B. Biological Sciences*, 376(1828), 20200047–20200047. <https://doi.org/10.1098/rstb.2020.0047>
- Daffron, S. R., & Caffarella, R. S. (2021). *Planning programs for adult learners: A practical guide* (4th ed.). Jossey-Bass.
- Davis, K. (2022). Flipping lectures: Sustainable teaching and learning in an undergraduate nursing programme. *Scope: Contemporary Research Topics (Health & Wellbeing)*, 7, 72–78. <https://doi.org/10.34074/scop.3007007>
- Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia* (B. Massumi, Trans.). University of Minnesota Press (Original worked published 1980).
- Densen, P. (2011). Challenges and opportunities facing medical education. *Transactions of the American Clinical and Climatological Association*, 122, 48–58.
- DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48(2), 147–160. <https://doi.org/10.2307/2095101>
- Dingwall, R. (2008). *Essays on professions*. Ashgate.

- Dixon-Woods, M., Yeung, K., & Bosk, C. L. (2011). Why is UK medicine no longer a self-regulating profession? The role of scandals involving “bad apple” doctors. *Social Science & Medicine*, 73(10), 1452–1459. <https://doi.org/10.1016/j.socscimed.2011.08.031>
- Driscoll, M. P. (2005). *Psychology of learning for instruction* (3rd ed.). Allyn & Bacon.
- Duncan, S., Thorne, S., & Rodney, P. (2015). Evolving trends in nurse regulation: What are the policy impacts for nursing’s social mandate? *Nursing Inquiry*, 22(1), 27–38. <https://doi.org/10.1111/nin.12087>
- Durcan, R., Richler, E., & Steinenke, R. (2023). Major regulatory reform comes to Canada. *Journal of Nursing Regulation*, 14(2), 43-48. [https://doi.org/10.1016/S2155-8256\(23\)00091-1](https://doi.org/10.1016/S2155-8256(23)00091-1)
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. Random house.
- Dweck, C. S., & Leggett, E. L. (1988). A Social-Cognitive Approach to Motivation and Personality. *Psychological Review*, 95(2), 256–273. <https://doi.org/10.1037/0033-295X.95.2.256>
- Eraut, M. (1994). *Developing professional knowledge and competence*. Falmer.
- Erickson, F. (2012). Comments on causality in qualitative inquiry. *Qualitative Inquiry*, 18(8), 686–688. <https://doi.org/10.1177/1077800412454834>
- Erickson, F. (2024). A history of qualitative inquiry in social and educational research. In N. K. Denzin, Y. S. Lincoln, M. D. Giardina, & G. S. Cannella (Eds.). *The Sage handbook of qualitative research* (6th ed., pp. 33-60). Sage.
- Farrar-Stern, K., & Young-Brice, A. (in press). Change in expectations: A policy recommendation for future and current nurse educators. *Journal of Professional Nursing*, <https://doi.org/10.1016/j.profnurs.2024.08.003>
- Flexner, A. (1915/2001). Is social work a profession? *Research on Social Work Practice*, 11(2), 152–165. <https://doi.org/10.1177/104973150101100202>
- Foster, K., & Hurley, J. (2024). Every nurse is not a mental health nurse—critical reflections on myths and controversies about mental health nursing. *International Journal of Mental Health Nursing*, 33(4), 737–738. <https://doi.org/10.1111/inm.13389>
- Fox, M., Martin, P., & Green, G. (2007). *Doing practitioner research*. Sage.
- Freidson, E. (1988). *Profession of medicine: A study of the sociology of applied knowledge*. University of Chicago Press.

- Freidson, E. (2001). *Professionalism. The third logic*. Chicago University Press.
- Garvey, C. M., & Jones, R. (2021). Is there a place for theoretical frameworks in qualitative research? *International Journal of Qualitative Methods*, 20, 11-7.  
<https://doi.org/10.1177/1609406920987959>
- Giuseffi, F. G. (2018). *Emerging self-directed learning strategies in the digital age*. IGI Global.
- Gladwell, M. (2005). *Blink: The power of thinking without thinking*. Little, Brown & Co.
- Glesne, C. (2016). *Becoming qualitative researchers: An introduction* (5th ed.). Pearson.
- Gorman, E. H. (2014). Professional self-regulation in North America: The cases of law and accounting. *Sociology Compass*, 8(5), 491–508. <https://doi.org/10.1111/soc4.12152>
- Graddy, E., & Nichol, M. B. (1989). Public members on occupational licensing boards: Effects on legislative regulatory reforms. *Southern Economic Journal*, 55(3), 610–625.  
<https://doi.org/10.2307/1059577>
- Greenwood, E. (1957). Attributes of a profession. *Social Work*, 2(3), 45–55.  
<https://doi.org/10.1093/sw/2.3.45>
- Greenwood, R., Oliver, C., Sahlin, K., & Suddaby, R. (2017). Introduction. In R. Suddaby, K. Sahlin, R. Greenwood, & C. Oliver (Eds.). *Organizational institutionalism* (2nd ed., pp. 1-46). Sage.
- Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. Jossey-Bass.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Sage.
- Habermas, J. (1971). *Knowledge and human interests*. Beacon Press.
- Hall, R. H. (1968). Professionalization and bureaucratization. *American Sociological Review*, 33(1), 92–104. <https://doi.org/10.2307/2092242>
- Hall, R. H. (1992). Taking things a bit too far: Some problems with emergent institutional theory. In K. Kelley, (Ed.). *Advances in Psychology*, 82, pp. 71–87.  
[https://doi.org/10.1016/S0166-4115\(08\)62599-6](https://doi.org/10.1016/S0166-4115(08)62599-6)
- Halpern, E. S. (1983). Auditing naturalistic inquiries: The development and application of a model. Unpublished Doctoral Dissertation, Indiana University.
- Harris, J. M. (2017). It is time to cancel medicine’s social contract metaphor? *Academic Medicine*, 92(9), 1236–1240. <https://doi.org/10.1097/ACM.0000000000001566>

- Harrits, G. S., & Larsen, L. T. (2021). Advice not safely ignored: Professional authority and the strength of legitimate complexity. *Sociology*, *55*(5), 1015–1034.  
<https://doi.org/10.1177/0038038521994029>
- Hickerson, K. A., Taylor, L. A., & Terhaar, M. F. (2016). The preparation–practice gap: An integrative literature review. *The Journal of Continuing Education in Nursing*, *47*(1), 17–23. <https://doi.org/10.3928/00220124-20151230-06>
- Hill, W. T. (2000). White paper on pharmacy student professionalism. American Pharmaceutical Association Academy of Students of Pharmacy--American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism. *Journal of the American Pharmaceutical Association*, *40*(1), 96-102. [https://doi.org/10.1016/S1086-5802\(16\)31043-9](https://doi.org/10.1016/S1086-5802(16)31043-9)
- Hofoss, D. (1986). Health professions: The origin of species. *Social Science & Medicine* (1982), *22*(2), 201–209. [https://doi.org/10.1016/0277-9536\(86\)90069-9](https://doi.org/10.1016/0277-9536(86)90069-9)
- Hole, R. (2014). Qualitative health research. In K. Bassil & D. Zabkiewicz (Eds). *Health research methods: A Canadian perspective*. (pp.165-189). Oxford University Press.
- Hoogland, J., & Jochemsen, H. (2000). Professional autonomy and the normative structure of medical practice. *Theoretical Medicine and Bioethics*, *21*(5), 457–475.  
<https://doi.org/10.1023/A:1009925423036>
- Huland, S., & Melley, B. (2023 August 19). Neonatal nurse guilty of killing 7 babies. *Star Phoenix*, NP3.
- Hurley, J., Lakeman, R., Linsley, P., Ramsay, M., & Mckenna-Lawson, S. (2022). Utilizing the mental health nursing workforce: A scoping review of mental health nursing clinical roles and identities. *International Journal of Mental Health Nursing*, *31*(4), 796–822.  
<https://doi.org/10.1111/inm.12983>
- Iwasiw, C. L., Andruszyn, M. A., & Goldenberg, D. (2018). *Curriculum development in nursing education* (4th ed.). Jones & Bartlett.
- Jago, R., van der Gaag, A., Stathis, K., Petej, I., Lertvittayakumjorn, P., Krishnamurthy, Y., Gao, Y., Silva, J. C., Webster, M., Gallagher, A., & Austin, Z. (2021). Use of artificial intelligence in regulatory decision-making. *Journal of Nursing Regulation*, *12*(3), 11–19.  
[https://doi.org/10.1016/S2155-8256\(21\)00112-5](https://doi.org/10.1016/S2155-8256(21)00112-5)
- Jarvis, P. (2014). *The sociology of adult and continuing education*. Routledge.

- Johansen, C., Chisholm, B., Secong, D., Sihat, A., Amratlal, A., & McGraw, S. (2020). Building competency-based practice into democratically elected boards. *Journal of Nursing Regulation, 10*(4), 4–12. [https://doi.org/10.1016/S2155-8256\(20\)30008-9](https://doi.org/10.1016/S2155-8256(20)30008-9)
- Kavanagh, J. M., & Sharpnack, P. (2021). Crisis in competency: A defining moment in nursing education. *Online Journal of Issues in Nursing, 26*(1), 1–11. <https://doi.org/10.3912>
- Kavanagh, J. M., & Szweda, C. (2017). A crisis in competency: The strategic and ethical imperative to assessing new graduate nurses' clinical reasoning. *Nursing Education Perspectives, 38*(2), 57–62. <https://doi.org/10.1097/01.NEP.0000000000000112>
- Keating, S. B. (2015). *Curriculum development and evaluation in nursing, (3<sup>rd</sup> ed.)*. Springer.
- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher, 42*(8), 846–854. <https://doi.org/10.1080/0142159X.2020.1755030>
- Kinner, K. (2023). “Operation Nightingale”: Fraudulent nursing diploma scandal exposes US health care and education crises. <https://www.wsws.org/en/articles/2023/02/04/dlhy-f04.html>
- Knowles, M. S. (1975). *Self-directed learning*. Cambridge.
- Kokorudz, S. (2023). Rhizoanalysis. In *Varieties of qualitative research methods: Selected contextual perspectives*. (pp. 431-437) In J. M. Okoko, S. Tunison, & K. D. Walker, (Eds.). Springer. [https://doi.org/10.1007/978-3-031-04394-9\\_67](https://doi.org/10.1007/978-3-031-04394-9_67)
- Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development* (2nd ed.). Prentice Hall.
- Larson, M. S. (2022). *The rise of professionalism: A sociological analysis*. University of California Press.
- Lenz, T., & Viola, L. A. (2017). Legitimacy and institutional change in international organisations: A cognitive approach. *Review of International Studies, 43*(5), 939–961. <https://doi.org/10.1017/S0260210517000201>
- Leslie, K., Nelson, S., Deber, R., & Gilmour, J. (2018). Policy tensions in regulatory reform: Changes to regulation of health professions in Australia, the United Kingdom, and Ontario, Canada. *Journal of Nursing Regulation, 8*(4), 32-42. [https://doi.org/10.1016/S2155-8256\(17\)30180-1](https://doi.org/10.1016/S2155-8256(17)30180-1)

- Levy, R. I., & Hollan, D. W. (2015). Person-centered interviewing and observation. In H. R. Bernard & C. G. Gravlee (Eds.). *Handbook of methods in cultural anthropology* (2nd ed., pp. 313-342). Roman & Littlefield.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Lincoln, Y. S., & Guba, E. G. (2013). *The constructivist credo*. West Coast Press.
- Lofland, J., Snow, D., Anderson, L., & Lofland, L. H. (2022). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Waveland Press.
- Lovett, M. C., Bridges, M. W., DiPietro, M., Ambrose, S. A., & Norman, M. K. (2023). *How learning works: Eight research-based principles for smart teaching*. John Wiley & Sons.
- Ludmerer, K. M. (1999). *A time to heal: American medical education from the turn of the century to the era of managed care*. Oxford.
- Luhanga, F., Larocque, S., MacEwan, L., Gwekwerere, Y., & Danyluk, P. (2014). Exploring the issue of failure to fail in professional education programs: A multidisciplinary study. *Journal of University Teaching & Learning Practice*, 11(2).  
<https://doi.org/10.561/1.11.2.3>
- MacDonald, K. M. (1995). *The sociology of the professions*. Sage.
- Madden, R. (2022). *Being ethnographic: A guide to the theory and practice of ethnography* (3rd ed.). Sage.
- Marshall, C., & Rossman, G. B. (2021). *Designing qualitative research* (7th ed.). Sage.
- Marsick, V. J., & Watkins, K. E. (2018). An update on informal and incidental learning. *New Directions for Adult and Continuing Education*, (159), 9-19.  
<https://doi.org/10.1002/ace.20284>
- Maykut, C., Reisdorfer, E., Ben-Ahmed, H. E., Martinez, R. C. K., Miller, K., & Kempfer, S. S. (2024). Investigating the fundamental levels of a signature pedagogy in nursing education: A scoping review. *Nurse Education Today*, 134, 106088–106088.  
<https://doi.org/10.1016/j.nedt.2023.106088>
- McGivern, G., & Ferlie, E. (2007). Playing tick-box games: Interrelating defences in professional appraisal. *Human Relations*, 60(9), 1361–1385.  
<https://doi.org/10.1177/0018726707082851>



- Mero-Jaffe, I. (2011). 'Is that what I said?' Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods*, 10(3), 231–247. <https://doi.org/10.1177/160940691101000304>
- Meyer, J. W. (1977). The effects of education as an institution. *The American Journal of Sociology*, 83(1), 55–77. <https://doi.org/10.1086/226506>
- Meyer, J. W., Ramirez, F. O., Frank, D. J., & Schofer, E. (2007). Higher education as an institution. In P. J. Gumpert (Ed.), *Sociology of higher education: Contributions and their contexts* (pp.187-221). Johns Hopkins University Press.
- Meyer, J. W., & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *The American Journal of Sociology*, 83(2), 340–363. <https://doi.org/10.1086/226550>
- Moon, K., & Blackman, D. (2014). Guide to understanding social science research for natural scientists. *Conservation Biology*, 28(5), 1167–1177. <https://doi.org/10.1111/cobi.12326>
- Morrison, B., Boyle, T. A., & Mahaffey, T. (2022). Demonstrating institutional trustworthiness: A framework for pharmacy regulatory authorities. *Research in Social and Administrative Pharmacy*, 18(10), 3792–3799. <https://doi.org/10.1016/j.sapharm.2022.04.007>
- Muzio, D., Faulconbridge, J., Gabbioneta, C., & Greenwood, R. (2016). Bad apples, bad barrels and bad cellars: A 'boundaries' perspective on professional misconduct. In D. Palmer, K. Smith-Crowe, & R. Greenwood, (Eds.) *Organizational wrongdoing: Key perspectives and new directions*, (pp. 141-175). Cambridge University Press. <https://doi.org/10.1017/CBO9781316338827.007>
- Nadler, D. A. (2004). Building better boards. *Harvard Business Review*, 82(5), 102–111,152.
- Neufeld, A., Babenko, O., Lai, H., Svrcek, C., & Malin, G. (2023). Why do we feel like intellectual frauds? A self-determination theory perspective on the impostor phenomenon in medical students. *Teaching and Learning in Medicine*, 35(2), 180–192. <https://doi.org/10.1080/10401334.2022.2056741>
- Neutens, J., & Rubinson, L. (2014). *Research techniques for the health sciences* (5th ed.). Allyn & Bacon.
- O'Regan, P., & Killian, S. (2014). 'Professionals who understand': Expertise, public interest and societal risk governance. *Accounting, Organizations and Society*, 39(8), 615–631. <https://doi.org/10.1016/j.aos.2014.07.004>

- Ozar, D. T. (1993). Building awareness of ethical standards and conduct. In L. Curry, J. F. Wergin, & Associates (Eds.) *Educating professionals: Responding to new expectations for competence and accountability* (pp. 148-177). Jossey-Bass.
- Palmer, P. J. (2017). *The courage to teach: Exploring the inner landscape of a teacher's life* (20th Anniversary ed.). Jossey-Bass.
- Papanagnou, D., Watkins, K. E., Lundgren, H., Alcid, G. A., Ziring, D., & Marsick, V. J. (2022). Informal and incidental learning in the clinical learning environment: Learning through complexity and uncertainty during COVID-19. *Academic Medicine*, 97(8), 1137–1143. <https://doi.org/10.1097/ACM.0000000000004717>
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Sage.
- Polit, D., & Beck, C. T. (2011). *Canadian essentials of nursing research* (3rd ed.). Lippincott.
- Polit, D., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Lippincott.
- Porter-O'Grady, T., & Malloch, K. (2003). Nurses as knowledge workers. *Creative Nursing*, 9(2), 6–9. <https://doi.org/10.1891/1078-4535.9.2.6>
- Ratnapalan, S., & Batty, H. (2009). To be good enough. *Canadian Family Physician*, 55(3), 239–240.
- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical and methodological* (2nd ed.). Sage.
- Ravitch, S. M., & Riggan, M. (2017). *Reason & rigor: How conceptual frameworks guide research* (2nd ed.). Sage.
- Rebar, C. R., Gersch, C. J., Macnee, C. L., & McCabe, S. (2011). *Understanding nursing research: Using research in evidence-based practice* (3rd ed.). Lippincott.
- Renjith, V., Yesodharan, R., Noronha, J., Ladd, E., & George, A. (2021). Qualitative methods in health care research. *International Journal of Preventive Medicine*, 12(1), 20–20. [https://doi.org/10.4103/ijpvm.IJPVM\\_321\\_19](https://doi.org/10.4103/ijpvm.IJPVM_321_19)
- Renkema, E., Broekhuis, M., Tims, M., & Ahaus, K. (2023). Working around: Job crafting in the context of public and professional accountability. *Human Relations*, 76(9), 1352–1381. <https://doi.org/10.1177/00187267221104011>
- Richards, L., & Morse, J. M. (2023). *User's Guide to Qualitative Methods* (3rd ed.). Sage.

- Riessman, C. K. (1990). Strategic uses of narrative in the presentation of self and illness: A research note. *Social Science & Medicine*, 30(11), 1195–1200.  
[https://doi.org/10.1016/0277-9536\(90\)90259-U](https://doi.org/10.1016/0277-9536(90)90259-U)
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage.
- Rusu, O., & Chiriță, M. (2017). Verbal, non-verbal and paraverbal skills in the patient-kinetotherapist relationship. *Timisoara Physical Education and Rehabilitation Journal*, 10(19), 39–45. <https://doi.org/10.1515/tperj-2017-0014>
- Sajadi, H. S., Maleki, M., & Michael, S. (2020). The medical university-governing board: An investigation of critical factors in the board performance in Iran. *Journal of Applied Research in Higher Education*, 12(5), 1281–1301. <https://doi.org/10.1108/JARHE-05-2019-0118>
- Saks, M. (2012). Defining a Profession: The role of knowledge and expertise. *Professions and Professionalism*, 2(1). <https://doi.org/10.7577/pp.v2i1.151>
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage.
- Sandelowski, M., & Barroso, J. (2003). Classifying the findings in qualitative studies. *Qualitative Health Research*, 13(7), 905–923.  
<https://doi.org/10.1177/1049732303253488>
- Schein, E. H. (1968). Organizational socialization and the profession of management. *Industrial Management Review*, 9(2), 1.
- Schein, E. H. (2004/2011). The concept of organizational culture: Why bother? In J. M. Shafritz, J. S. Ott, & Y. S. Jang (Eds.), *Classics of organization theory* (7th ed., pp. 349-360). Wadsworth.
- Schein, E. H. (2016). *Organizational culture and leadership* (5th ed.). Jossey-Bass.
- Schein, E. H., & Schein, P. A. (2021). *Humble inquiry: The gentle art of asking instead of telling*. Berrett-Koehler Publishers.
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.
- Schultze, R. (2007). What does it mean to be a self-governing regulated profession? *Journal of Property Tax Assessment & Administration*, 4(3), 41.

- Scott, W. R. (1987). The adolescence of institutional theory. *Administrative Science Quarterly*, 32(4), 493–511. <https://doi.org/10.2307/2392880>
- Scott, W. R. (1995). *Institutions and organizations*. Sage.
- Scott, W. R. (1996). The mandate is still being honored: In defense of Weber's disciples. *Administrative Science Quarterly*, 41(1), 163–171. <https://doi.org/10.2307/2393990>
- Scott, W. R. (2001). *Institutions and organizations* (2nd ed.). Sage.
- Scott, W. R. (2008). Approaching adulthood: The maturing of institutional theory. *Theory and Society*, 37(5), 427–442. <https://doi.org/10.1007/s11186-008-9067-z>
- Selznick, P. (1948/2011). Foundations of the theory of organization. In J. M. Shafritz, J. S. Ott, & Y. S. Jang (Eds.), *Classics of organization theory* (7th ed. pp. 129-138). Wadsworth.
- Senge, P. M. (2006). *The fifth discipline: The art and practice of the learning organization* (Rev. ed.). Doubleday.
- Sherwood, G., & Horton-Deutsch, S. (2018). *Reflective practice: Transforming education and improving outcomes* (2nd ed.). Sigma Theta Tau International.
- Shulman, L. S. (2005). Signature pedagogies in the professions. *Daedalus*, 134(3), 52–59. <https://doi.org/10.1162/0011526054622015>
- Shulman, L. S. (2010). Foreword. In P. Benner, M. Sutphen, V. Leonard, & L. Day. *Educating nurses: A call to radical transformation* (pp. ix-xiii). Jossey-Bass.
- Shulman, L. S., & Wilson, S. M. (2004). *The wisdom of practice: Essays on teaching, learning, and learning to teach*. Jossey-Bass.
- Smeby, J. C., Johnsson, E., Nerland, M., Olessen, S. G., & Wrede, S. (2011). Editorial. *Professions and Professionalism*, 1(1). <https://doi.org/10.7577/pp.v1i1.140>
- Smith, B. (1999). Role of a person on the governing body of a regulatory entity. Retrieved from <http://www.clearhq.org/resources/Role.htm>
- Spector, N., Hooper, J. I., Silvestre, J., & Qian, H. (2018). Board of nursing approval of registered nurse education programs. *Journal of Nursing Regulation*, 8(4), 22-29. [https://doi.org/10.1016/S2155-8256\(17\)30178-3](https://doi.org/10.1016/S2155-8256(17)30178-3)
- Spector, N., Silvestre, J., Alexander, M., Martin, B., Hooper, J. I., Squires, A., & Ojemeni, M. (2020). NCSBN regulatory guidelines and evidence-based quality indicators for nursing education programs. *Journal of Nursing Regulation*, 11(2), S1–S64. [https://doi.org/10.1016/S2155-8256\(20\)30075-2](https://doi.org/10.1016/S2155-8256(20)30075-2)

- Spector, N., & Woods, S. L. (2013). A collaborative model for approval of prelicensure nursing programs. *Journal of Nursing Regulation*, 3(4), 47–52. [https://doi.org/10.1016/S2155-8256\(15\)30186-1](https://doi.org/10.1016/S2155-8256(15)30186-1)
- Spillane, J. P., Parise, L. M., & Sherer, J. Z. (2011). Organizational routines as coupling mechanisms: Policy, school administration, and the technical core. *American Educational Research Journal*, 48(3), 586–619. <https://doi.org/10.3102/0002831210385102>
- Stanley, D. (2007). Creating healthy learning organizations: A complex approach to a crisis of perception. In W. Smale & K. Young (Eds). *Approaches to educational leadership and practice* (pp. 126-139). Detsilig Enterprises.
- Starr, P. (2017). *The social transformation of American medicine: The rise of a sovereign profession and the making of a vast industry*. Basic Books.
- Steinert, Y. (2019). Developing medical educators: A journey not a destination. In T. Swanwick (Ed.). *Understanding medical education: Evidence, theory, and practice* (2nd ed., pp. 531-548). Wiley-Blackwell.
- Stone, D. (2023). *Policy paradox: The art of political decision making* (3rd ed.). W. W. Norton & Company.
- Sweatman, L. (2023). Models in professional regulation: Choices for Atlantic Canada? *Journal of Medical Regulation*, 109(1), 22–28. <https://doi.org/10.30770/2572-1852-109.1.22>
- Tanner, C. A. (1998). Curriculum for the 21st century--or is it the 21-year curriculum? *The Journal of Nursing Education*, 37(9), 383–384. <https://doi.org/10.3928/0148-4834-19981201-03>
- Tarrant, M., & Ware, J. (2012). A framework for improving the quality of multiple-choice assessments. *Nurse Educator*, 37(3) 98-104. <https://doi.org/10.1097/NNE.0b013e31825041d0>
- Taylor, G. W., & Ussher, J. M. (2001). Making sense of S & M: A discourse analytic account. *Sexualities*, 4(3), 293–314. <https://doi.org/10.1177/136346001004003002>
- Taylor, K. (1995). Sitting beside herself: Self-assessment and women's adult development. *New Directions in Adult and Continuing Education*, (65), 21-28, Jossey-Bass. <https://doi.org/10.1002/ace.36719956505>

- Teddlie, C., & Tashakkori, A. (2020). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences* (2nd ed.). Sage.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3(3), 68–70. <https://doi.org/10.1136/ebn.3.3.68>
- Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed.). Routledge.
- Thorne, S. (2020). Beyond theming: Making qualitative studies matter. *Nursing Inquiry*, 27(1), e12343–n/a. <https://doi.org/10.1111/nin.12343>
- Tolbert, P. S., & Zucker, L. G. (1996). The institutionalization of institutional theory. In S. Clegg, C. Hardy, & W. Nord (Eds.), *Handbook of Organization Studies* (pp. 175-190). Sage.
- Tough, A. (1979). *The adults' learning projects: A fresh approach to theory and practice in adult learning*. Ontario Institute for Studies in Education (OISE).
- U. S. Attorney General's Office Southern District of Florida (Jan 25, 2023). Fraudulent Nursing Diploma Scheme Leads to Federal Charges Against 25 Defendants. <https://www.justice.gov/usao-sdfl/pr/fraudulent-nursing-diploma-scheme-leads-federal-charges-against-25-defendants>
- Van den Bergh, R. (2007). Towards better regulation of the legal professions in the European Union. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.1113310>
- Van den Bergh, R., & Faure, M. (1991). Self-regulation of the professions in Belgium. *International Review of Law and Economics*, 11(2), 165–182. [https://doi.org/10.1016/0144-8188\(91\)90017-8](https://doi.org/10.1016/0144-8188(91)90017-8)
- van Wieringen, M., Groenewegen, P., & Broese van Groenou, M. I. (2017). 'We're all Florence Nightingales': Managers and nurses colluding in decoupling through contingent roles. *Journal of Professions and Organization*, 4(3), 241–260. <https://doi.org/10.1093/jpo/jox004>
- Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education*, 51(1), 40–50. <https://doi.org/10.1111/medu.13124>

- Vygotsky, L. S. (1978). *Mind in society: The development of psychological processes*. Harvard University Press.
- Ward, D. J., Furber, C., Tierney, S., & Swallow, V. (2013). Using framework analysis in nursing research: A worked example. *Journal of Advanced Nursing*, 69(11), 2423–2431. <https://doi.org/10.1111/jan.12127>
- Watkins, K., & Marsick, V. (1990). *Informal and incidental learning in the workplace*. Routledge.
- Weber, M. (1946/2011). Bureaucracy. In J. M. Shafritz, J. S. Ott, & Y. S. Jang (Eds.), *Classics of organization theory* (7th ed., pp. 77-82). Wadsworth.
- Weber, M. (1947). *The Theory of Social and Economic Organization* (A. M. Henderson & T. Parsons, trans.). Oxford University Press.
- Weller, S. C. (2015). Structured interviewing and questionnaire construction. In H. R. Bernard & C. G. Gravlee (Eds.). *Handbook of methods in cultural anthropology* (2nd ed., pp. 343-390). Roman & Littlefield.
- Wilensky, H. L. (1964). The professionalization of everyone? *The American Journal of Sociology*, 70(2), 137–158. <https://doi.org/10.1086/223790>
- Wojcieszak, D. (2021). Consumer background and composition on state medical boards: Who are these citizen members and do they adequately protect the public? *Journal of Patient Safety and Risk Management*, 26(6), 267–271. <https://doi.org/10.1177/25160435211054343>
- Yardley, L. (2017). Demonstrating the validity of qualitative research. *The Journal of Positive Psychology*, 12(3), 295–296. <https://doi.org/10.1080/17439760.2016.1262624>
- Yilmaz, Y., Papanagnou, D., Fornari, A., & Chan, T. M. (2022). The learning loop: Conceptualizing just-in-time faculty development. *AEM Education and Training*, 6(1), e10722–n/a. <https://doi.org/10.1002/aet2.10722>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Sage. <https://sagepub.vitalsource.com/books/9781506336176>
- Young, M., Varpio, L., Uijtdehaage, S., & Paradis, E. (2020). The spectrum of inductive and deductive research approaches using quantitative and qualitative data. *Academic Medicine*, 95(7), 1122. <https://doi.org/10.1097/ACM.0000000000003101>
- Zacharias, F. C. (2009). The myth of self-regulation. *Minnesota Law Review*, 93, 1147-1190.

Zucker, L. G. (1987). Institutional theories of organization. *Annual Review of Sociology*, 13(1), 443–464. <https://doi.org/10.1146/annurev.so.13.080187.002303>



## Appendix A: Letter to Regulators

2024 XXX XX

To the Executive Director or Designate,

I am conducting a study as the research component of my PhD studies. I am interested in having some of your members complete an online survey and to potentially participate in an interview and then a few of those in an interpretation panel via Zoom). The people I would like access to are the Executive Director of the College/Association (dependent upon your province's structure), and current or former members (immediate past committee members only) of your Education Program Approval Committee.

I am unsure of your regulatory body's process for recruitment to participate in research. I understand that membership information is likely confidential and that you have a process for contacting members about their interest or willingness to participate in a research study.

Could you (or your designate) please either forward the participant invitation and consent or contact me about your process and what actions you require on my part. I am attaching the letter of invitation (recruitment) and the consent form. I will provide you with the survey questions/interview protocol if you like.

Although many professions have a similar process to the nursing professions, I am recruiting from the nursing regulatory bodies in western Canada (registered nurses, registered psychiatric nurses, and licensed practical nurses).

I can be reached by phone (306) 659 4385 or e-mail ([cindy.sherban@usask.ca](mailto:cindy.sherban@usask.ca)). I look forward to hearing from you and hope for a favourable response to participating in this study.

Sincerely,

Cindy Lee Sherban PhD (candidate), RN BScN, MAdEd

## Appendix B: Letter of Invitation to Participate

Dear Colleague,

As partial fulfillment of a Doctor of Philosophy in Education Administration degree at the University of Saskatchewan, I am conducting a research project. The title of my work is *In Whose Interest? Pre-Professional Educational Approval: A Mixed Methods Study—Competencies and perceived needs/educational supports of pre-professional program Education Approval Committee (NEPAC) members.*

I am inviting you to participate in this project. I would like to have 20-50 volunteers to begin the project. Your participation is appreciated and will provide information about what nurses on education Approval Committees (or equivalent) perceive their learning needs/supports to be in relation to the approval of their respective pre-professional program education program.

Regulatory bodies are charged with ensuring the competence of their members. Approval of the entry to practice education program is one aspect of this duty. Your participation in the project may be of benefit to you insofar as you may derive satisfaction of contributing to maintaining or increasing responsible self-regulation in the public interest. There are no risks anticipated from participation in this study, beyond the potential discomfort that may arise from self-assessment. To ensure confidentiality, you will be assigned a number to identify yourself on all questionnaires. Only I will know your identity. The page matching your name to your number will be locked in a separate area from your numbered questionnaires. I will assign you a gender-neutral pseudonym for ease of reading when I write up my thesis. Information in the thesis will never be attributed to an identifiable person. Material associated with this project will be locked at all times when I am not using it. Participation is voluntary and you may withdraw at any time (up to the time when data are aggregated\*) and for any reason during the study.

\* Once data are aggregated it is unlikely that they can be separated out from the report) If you have any questions, you may contact me at (306) 659-4385 (If I do not answer please leave a message. This is my direct line and no one else has access to this phone or messages) or at my e-mail address [cindy.sherban@usask.ca](mailto:cindy.sherban@usask.ca)

This project has been approved by the Research Ethics Board at the University of Saskatchewan. My advisor at the University of Saskatchewan is Dr. Paul Newton, who can be contacted at (306) 966 7620 or at [paul.newton@usask.ca](mailto:paul.newton@usask.ca) with any concerns.

Please contact me within the week if you are interested in participating in this project.

The next page gives you a broader overview of the project.

Sincerely,

Cindy Lee Sherban PhD (Candidate) RN BScN MAEd

The purpose of this study is to explore the learning needs/supports of members of education approval committees of nurse regulatory bodies in western Canada. This Mixed Methods project consists of three (3) phases. Phase one entails the completion of a demographic questionnaire via Survey Monkey. Completion of this should take less than one (1) hour. I will then complete a review and analysis of the data.

In Phase 2, I will contact select participants for an interview. Executive Directors will/may be invited as interview participants and the questions I ask of them will differ from those I ask the (current and former) committee members so as to gain a broader view of the process. This will be via Zoom (video) conference. I do not anticipate the interview lasting longer than 60-90 minutes (I think this is a generous estimate). I plan to audiotape our interviews and to have them transcribed via Zoom function. You will have an opportunity to review your transcript. From these I will code and draw out themes from the data.

Finally, I will use an interpretation panel (via Zoom) this forum would offer an opportunity to a willing subset of interviewed participants. This activity should run approximately 90 minutes (dependent on level of participation.)

All materials I gather will be destroyed at the end of the project retention period as is consistent with the University of Saskatchewan policy.

## Appendix C: Participant Consent



Dear Colleague,

As partial fulfillment of a Doctor of Philosophy in Education Administration degree at the University of Saskatchewan, I am conducting a research project.

You are invited to participate in a research study entitled: In Whose Interest? Pre-Professional Educational Approval: A Mixed Methods Study Competency, and Perceived Educational Supports & Needs.

Because you are or have been a member of your regulatory body's Education Approval Committee I am inviting you to participate in this project. I would like to have 8-10 volunteers to begin the project. My potential pool of candidates is a small one— given the committee size. I am including committee members for nursing programs in western Canada. Thus, your participation is both important and appreciated and will provide information about what nurses on education Approval Committees (or equivalent) perceive their learning needs/supports to be in relation to the approval of their respective pre-professional program education program.

Regulatory bodies are charged with ensuring the competence of their members. Approval of the entry to practice education program is one aspect of this duty. Your participation in the project may be of benefit to you insofar as you may derive satisfaction of contributing to maintaining or increasing responsible self- regulation in the public interest. There are no risks anticipated from participation in this study, beyond the potential discomfort that may arise from self-awareness. To ensure confidentiality, you will be assigned a number to identify yourself on all questionnaires. Only I will know your identity. The page matching your name to your number will be locked in a separate area from your numbered questionnaires. I will assign you a gender-neutral pseudonym for ease of reading when I write up my thesis. Information in the thesis will never be attributed to an identifiable person. Material associated with this project will be locked either physically or via password protection, at all times when I am not using it. Participation is voluntary and you may withdraw at any time (up to the time when data are aggregated\*) and for any reason during the study. \* Once data are aggregated it is unlikely that they can be separated out from the report) If you have any questions, you may contact me at (306) 659-4385 (If I do not answer please leave a message), or at my e-mail address [cindy.sherban@usask.ca](mailto:cindy.sherban@usask.ca) my supervisor, Dr Paul Newton [paul.newton@usask.ca](mailto:paul.newton@usask.ca) or 306 966-7620.

This project has been approved by the Research Ethics Board at the University of Saskatchewan. My advisor at the University of Saskatchewan is Dr. Paul Newton, who can be contacted at (306) 966 7620 or at [paul.newton@usask.ca](mailto:paul.newton@usask.ca) with any concerns.

Please contact me within the week if you are interested in participating in this project. The next page gives you a broader overview of the project.

Sincerely,

Cindy Lee Sherban PhD (Candidate) RN BScN MAEd

The purpose of this study is to explore the learning needs/supports of members of education approval committees of nurse regulatory bodies in western Canada. This Mixed Methods project consists of three (3) phases. Phase one entails the completion of a demographic questionnaire via Survey Monkey. Completion of this should take less than one (1) hour. I will then complete a review and analysis of the data.

In Phase 2, I will contact select participants for an interview. Executive Directors will/may be included as participants and the questions I ask of them will differ from those I ask the (current and former) committee members so as to gain a broader view of the process. This will be via Zoom videoconference. I do not anticipate the interview lasting longer than 60-90 minutes (I think this is a generous estimate). I plan to audiotape our interviews and to use the Zoom transcription service for this. From these I will do coding and draw on themes from the data. You will have an opportunity to review the transcripts along with the themes I identify if you so choose.

Finally, in Phase 3, I will use an interpretation panel (via Zoom) this forum would offer an opportunity to a willing subset of interviewed participants who are or were EAC members. This activity should run 90 minutes (generous guess and dependent on level of participation). All materials I gather will be destroyed at the end of the project retention period as is consistent with the University of Saskatchewan policy.

**Researcher(s):** Cindy Lee Sherban, Graduate Student  
Department of Education Administration  
University of Saskatchewan  
cindy.sherban@saskpolytech.ca  
ph: 306 659-4385 Fax: 306 659-4613

**Supervisor:** Dr. Paul Newton  
Department of Education Administration  
[paul.newton@usask.ca](mailto:paul.newton@usask.ca) 306 966 7620

**Purpose(s) and Objective(s) of the Research:**

- I will explore the background and qualifications of the Education Approval Committee members of regulatory bodies, and their perceived (educational/learning) support needs to fulfill their responsibilities and whether or how these needs were met. How does this align with self-regulation in the public interest? That is, do the EAC members come into their role and understand it as acting in the public interest. Additionally, I will interview about 5 Executive Directors of nurse regulatory bodies in Western Canada who may give a historical or contextual view.

**Procedures:** Procedures include an online survey, then a subset of survey-takers will be invited for an interview of about 60 minutes duration via Zoom, or by phone. From this group of interviewees, a smaller subset will be invited to participate in an interpretation panel, via Zoom, about 90 minutes in duration. Please feel free to ask any questions regarding the procedures and goals of the study or your role.

**Funded by:** not applicable

**Potential Risks:**

I do not anticipate any harms coming to participants. Self-assessment and awareness can be uncomfortable at times. However, the participants need only explore as far as they are willing and able. I will bring this to the participants' attention. Discomfort can be an indicator that we need to further examine our experience. To balance that, recalling and reflecting an experience can lead to an increased understanding of self (and others) and increase our effectiveness as a professional.

I have decades of counselling experience and am well positioned to address discomfort that may arise as a result of questioning.

The benefits that may accrue to the participant include increased self-awareness and the satisfaction of contributing to a body of knowledge that may benefit students in pre-professional programs (e.g., nursing) and ultimately society (improved self-regulation in the public interest).

**Confidentiality:**

- The data from this research project may be published and presented at conferences. Because it will be in an aggregated form, it will not be possible to identify individual participants. In addition, the Consent Forms will be stored separately from the survey and interview data, and it will not be possible to associate a name with responses. Please do not put your name or other identifying information on the (materials used).
- It is customary to report research data such as from this project via publication in scholarly journals and at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information (e.g., name of the institution, the participant's position, province of practice, etc.) will be removed from my report."
- Identifying information (i.e. consent forms and master list) will be stored separately from the data collected. The master list will be destroyed when data collection is complete and no longer required.
- Given that the nursing community might be considered a small world, the possibility exists that I might know a participant (especially amongst the Executive Director cadre). I may have graduated or worked with, attended a class or conference with some of the potential participants. The only possible benefit that I can construe from this relationship is that it may positively affect the researcher-participant relationship from prior working alliances.
- As the researcher, I will know who the respondents are based on the responses to the demographic survey. This knowledge will assist me in selection of key informants for interviews.

**Storage of Data:**

Data will be stored in a password protected document in compliance with University of Saskatchewan policy. The program head may have access to reports I generate but these will not link the participant to their data). The data will be stored for a period of 5 years with the Principal Investigator (my supervisor —Dr. Paul Newton). When the data are no longer required, they will be destroyed.

**Right to Withdraw:**

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason without explanation or penalty of any sort.
- Your right to withdraw data from the study will apply until data has been aggregated. After this point and it may not be possible to withdraw your data.
- Should you wish to withdraw kindly advise me, the researcher (Cindy Sherban) of my supervisor (Dr Paul Newton) at our respective e-mails noted above. There is no penalty for withdrawing from the study and any data collected up to that point will be destroyed.].

**Follow up:**

To obtain results from the study, please contact the researcher (contact information provided above)

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

**Consent**

**Continued or On-going Consent:**

- Certain individuals will be selected to participate in an interview (estimated time 60-90 minutes) over Zoom or the telephone. I can accommodate any in person interviews in Saskatoon by mutual agreement. Ongoing consent can be noted as an addendum to the original consent with a new date for the interview. Likewise, for the interpretation panel. The interview will take place soon after the survey is closed. The interpretation panel will take place after the themes have been generated so these events will be separated by a couple of months. This will occur over Zoom and will be comprised of a smaller subset of interviewees. Zoom allows you assign yourself a name to display and to keep your camera off to maintain anonymity for this panel. You can choose to use your real name and have your camera on. As before, I will continue to conceal your identity throughout my study and verbal and written reporting of my findings.
- the first consent will appear at the start of the survey. Selecting NO, I do not consent, will send participant to exit page of survey.
- A consent form will be provided for each of the interview phase of the study, and the interpretation panel.

**SIGNED CONSENT**

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

\_\_\_\_\_  
*Name of Participant*                      \_\_\_\_\_  
*Signature*                                      \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Researcher's Signature*                      \_\_\_\_\_  
*Date*

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

Consent to participate in the Interview portion of the study

\_\_\_\_\_  
*Name of Participant*                      \_\_\_\_\_  
*Researcher's Signature*                      \_\_\_\_\_  
*Date*

Consent to participate in the Interpretation Panel portion of the study (via Zoom)

\_\_\_\_\_  
*Name of Participant*                      \_\_\_\_\_  
*Researcher's Signature*                      \_\_\_\_\_  
*Date*



## **Appendix D: Demographic Questions for Participants**

Number of years since graduation from pre-professional program

<5, 5-9, 10-14, 15-19, 20-24, 25+

Name any other degrees/formal education in nursing you have

Name degrees you have earned in a discipline other than nursing?

Please specify certification, diploma, undergrad, grad

Other formal pre/post registration education in any field?

How many years have you been an active practicing member?

<5, 5-9, 10-14, 15-19, 20-24, 25+

How many times have you served on the Education Approval Committee (or equivalent?)

If only once, will you do so again or consider doing so again?

Age range 20-29, 30-39, 40-49, 50-59, 60-69, over 69

Describe (formal) education do you have in Education or education/program evaluation?

## Appendix E: Interview Questions for NEPAC Members

1. How did you come to be a member of the Education Approval Committee (general recruitment, targeted recruitment).
2. What qualifications/criteria were identified as necessary or desirable?
3. What educational or experiential background did you have to consider yourself a candidate for this committee?
4. Was there any offer or requirement by the regulator to prepare you for your role on the Education Approval Committee?
5. If yes, what was it and did you consider it sufficient...that is did you go into the education approval process with a sense of being prepared, a sense of competence/efficacy?
6. If no, did you ask for any (additional) help before the education approval process started?
7. At any time in the education approval process, did you undertake any learning or activities to prepare yourself for your role. (prompt talk to, consult with, access resources...which ones)
8. If any areas were identified ask, What did you do (prompt might include asking the regulator for education/info, finding your own resources...explain process and Identified supports)
9. As the Education Approval Process unfolded, in which areas did you have any sense of un-ease regarding your preparation for your role and responsibilities?
10. How many hours do you estimate you were involved with the education approval process (efforts to recruit you, provide orientation, or education to your role/duties. (alternate wording
11. ) Do you recall how many meetings you attended during the process or how long the meetings were?
12. At the end of the process did you have a sense that you had gained any degree of competence/expertise in fulfilling your responsibilities? a sense of accomplishment, satisfaction?
13. Would /did you agree to continue your work with this committee?
14. What factors would influence your future participation in the education approval process?
15. How did/do you understand the role of this committee's members as it related to self-regulation in the public interest?
16. What suggestions or recommendations would you have for future members of the Education Approval Committee?
17. How advice would you give someone asking you (or do you wish you had) about participating on this committee?
18. What changes would you like to see for program approval or do you anticipate occurring?

## Appendix F: Interview Questions For Chief Executive Officers

Are you a member of the profession your body regulates? Y N

Are you a member of another self-regulating profession? Y N

If yes please state your professional designation \_\_\_\_\_

How many years have you been in your role as Executive Director?

Describe your relationship to the Education Approval Committee.

1. What educational/experiential background or learning is assumed, provided, or acquired?
- 2..How do regulatory bodies recruit, select, orient, and educate the education approval committee members?
3. What safeguards do these entities build in to ensure their evaluative practice remains in the public interest?
4. What challenges/pressures do NEPAC members face in achieving or keeping evaluative practices in the public interest?
5. What changes have you seen in this regard over your tenure as Executive Director
6. What changes would you like to see or do you anticipate seeing for program approval?

## Appendix G: Transcript Release Form



Research Ethics Boards (Behavioural)

Transcript Release Form

Title: In Whose Interest? Pre-Professional Educational Approval: A Mixed Methods Study Competency, and Perceived Educational Supports & Needs.

I, \_\_\_\_\_, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript. I acknowledge that the transcript accurately reflects what I said in my personal interview with **Cindy Sherban**. I hereby authorize the release of this transcript to **Cindy Sherban** to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Researcher

## Appendix H: Acronyms

AAAC	Association of Accrediting Agencies of Canada
CanLII	Canadian Legal Institute Information
CASN	Canadian Association of Schools of Nursing
CLEAR	Council on Licensure, Enforcement, and Regulation
CNA	Canadian Nurses' Association
CCRNRR	Canadian Council of Registered Nurse Regulators
CRNA	College of Registered Nurses of Alberta
ELC	Entry Level Competencies
ENQA	European Association for Quality Assurance in Higher Education
LPN	Licensed Practical Nurse
NGEN-NCLEX®	Next Generation-National Council Licensure Examination (there are USA and Canadian Versions)
NEPAC	Nurse Education Program Approval Committee
PCK	Pedagogical Content Knowledge
PI	Principal Investigator
RN	Registered Nurse
RPN	Registered Psychiatric Nurse
UK	United Kingdom
U of S	University of Saskatchewan
USA	United States of America