THE CHANGE FROM A GRADE TO A PASS/FAIL SYSTEM OF STUDENT EVALUATION:
CASE STUDY AND ANALYSIS

by

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B.Sc.N., University of Saskatchewan, 1970

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The Change from a Grade to a Pass/Fail System of Student Evaluation: Case Study and Analysis

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ABSTRACT

An examination of the literature on educational and institutional change shows that though there are many models there is no all-encompassing theoretical framework leading to a clear-cut set of principles or a process to guide effective action. Because of this, investigators of the change process must examine the literature for solutions to particular kinds of problems and organize approaches that seem potentially useful into operating procedures.

The purpose of this study is to record and analyze the events and circumstances that occurred when an Associate Degree Nursing Program in British Columbia changed from a grading to a pass/fail system, to identify the forces that led to the teachers' acceptance of the pass/fail system after they had initially rejected it, and to identify the forces that impeded and the forces that facilitated the implementation of the pass/fail system. The study is written in three parts: a review of the literature, a case study, and the writer's analysis and conclusions.
The case study describes a specific attempt to change the grading system for the student nursing practicum. Three main phases are traced. In the first phase, two teachers within the program failed to get acceptance for the proposal to change from a grade to a pass/fail system. In the second phase three other teachers from within the program succeeded in getting acceptance for the change, and in the third phase, the pass/fail system was implemented. These events offered a unique opportunity to examine the forces that influenced this process from the perspective of a person inside the institution who had failed to initiate the change.

The analysis reveals that many interrelated forces came into play at different times and with different intensities. Some events not only had a specific impact but launched a ripple effect which influenced the history of the implementation.

To explain what happened a catalogue was made of the forces which were apparently affecting the events. Evidence of these forces and their influence recurred throughout the case study creating a pattern of interwoven
themes. These themes are identified, described and discussed. The themes were organized into six categories; the first category was the unique features of the particular group and organization involved, the second was the conditions of the situation which affected the group's readiness for change, the third was the ability of the change agents to affect the decisions and actions of the group, the fourth was the complexity of the innovation and its impact upon implementation, the fifth was the effects of time on the course of events and the sixth was the strategies that seemed to retard and facilitate the progress of the innovation.

The key forces influencing faculty to accept the change after they had initially rejected it were; the leader no longer resisted the change, the new change agents had been delegated the authority to develop a new curriculum into which they incorporated the pass/fail system, the group had lost their will to resist, and the change agents used effective change strategies such as; good timing, a well-planned presentation, a report that clearly outlined the problem and generated many solutions, involvement of faculty in the planning stages, and successful management of the
many forces already pressing for the change.

The thematic study of the forces that seemed to affect the course of this change to a pass/fail system suggest a number of observations about influencing the course of the change process.
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DEFINITIONS

Change: The process whereby an alteration in a system is planned and implemented (in this situation it is the sum total of the events taking place through the process of the change).

Innovation: The proposed alteration that is to be introduced into the system.

Change Agent: The person who plans and attempts to introduce an innovation into a system.

Force: The influence brought to bear upon people within a system, which facilitate or impede the process of change.
FOREWORD

Originally this was to be a study comparing the merits of a pass/fail system versus a grading system for clinical practicum for student nurses. I believed that if teachers could be convinced that the pass/fail system made sense then they would adopt it. The faculty of the Nursing Department of a British Columbia College where I worked, however, rejected a proposal for a pass/fail system. This was in spite of an eight-year history of problems with the grading system, an extensive literature review depicting the merits of a pass/fail system, and reports that more than 75% of the faculty and students were unhappy with the grading system. Reflecting upon their failure to accept the pass/fail system, I began to realize that the failure had less to do with the characteristics of the pass/fail system and more to do with machination inside the organization and with the inexperience of the change agents. The focus of the study then changed to an analysis of the forces that were responsible for the failure of the change process.
An opportunity for further study presented itself when the pass/fail system was accepted one year later within the same organization. These events offered a unique opportunity to compare the forces responsible for the failure and for acceptance of the pass/fail system within the same institution but with different change agents who used different strategies. The opportunity to observe the process of the implementation of the pass/fail system, observe the group and listen to their reports about the system after it had run for one sixteen-week term also presented itself. Thus, an ideal opportunity occurred to study the process of change over an extended period of time. This case study is the result.

Dianne Morrow
Simon Fraser University
April, 1979
CHAPTER I

STATEMENT OF THE PROBLEM:

This study is an examination of the process that led to the change from a grading to a pass/fail system of evaluation in a British Columbian institution for training nurses. Although, the first attempt failed, the second attempt to initiate the change was successful.

The two questions addressed are:
1) What forces led to the teacher's acceptance of the pass/fail system after they had initially rejected it?
2) What forces impeded and what forces facilitated the implementation of the pass/fail system?

SOME RESEARCH RELEVANT TO ATTEMPTING CHANGE IN A PARTICULAR INSTITUTIONAL SETTING:

In this chapter the literature of change relevant to these questions is outlined. The following topics are emphasized.

The Study of Change:

Of the studies reviewed, few have considered innovation from the perspective of the user. Gross, Giacquinta and Bernstein (1971) state that, typically, data is obtained only from the perspective of those who initiate
the change, that often the point of view of members within
the organization who must make the changes is ignored, and
that the emphasis of studies has been toward precipitating
change rather than studying it. Recently, studies are
beginning to view the general effects of change upon
members within the organization.

In the study of change, Poras and Berg (1978)
assessed thirty-five studies. They found that no studies
used a true control group, and the bulk of studies analyzed
were conducted over a period of twelve months which is a
short period, if one believes McNally's (1974) view that
change occurring in less than two to five years probably
means that the seeds of failure are being sewn. Poras and
Berg believe that more knowledge is needed in understanding
the change process. This study considers the influences over
an eight year period, and analyses the specific events over
a period of thirty-two months. A detailed look at the
actual process of change is offered.

In the past, many researchers studied and discussed
"change" in isolation rather than in relation to the context
and setting or the need or problem. More recently there
has been a shift whereby people are beginning to look at
the many influences upon the process of change. There is an extensive educational and organizational change literature reporting many strategies and models, but no one scheme or pattern has gained consensus. There are some who state that they have isolated principles of change. Zaltman (1972) concluded his literature review with three hundred principles. Caskey (1974) postulated principles about the conditions of institutional change in relation to people, places and things (personal involvement, communication and commitment), although they are very general. Rogers and Shoemaker (1971) generated one-hundred generalizations about the diffusion of innovations on the basis of over twelve hundred empirical studies and three hundred non-empirical reports. Nash (1977) summarized the major models of educational change and presented a series of generalizations ranging from those that had firm support of the literature, to those with moderate to less than moderate support. Nash however, listed too many generalizations to be useful as a workable framework. Orlosky (1970) looked at changes studied from 1895 to 1970 and listed seventeen conclusions and recommendations as guidelines for change. There seemed to be so many principles that if one searched the literature
to choose one model of how to go about initiating change, intervention would rarely occur for it would be difficult to select a model.

Almost everyone who writes about change or who does a study seems to develop a model. Maguire (1970) depicts twenty-seven change models, many of which have been conceptualized in totally different ways. Chin (1969) depicts four general classes of models (system and component models, organic system models, developmental and intersystem models). Gallaher (1965) puts models into the two categories of pragmatic and eutopic, assigning many of the already developed models to each category. There are problem-solving models (Greiner, 1967; Stutz, 1974), social-interaction models (E. Rogers, 1968; Lippitt, 1973), helping relationship models (C. Rogers, 1961; Hall, 1973), organizational development models (Schmuck and Miles, 1971; Schmuck and Runkel, 1972), action research models (Shumsky and Mukerje, 1972), dissemination and diffusion models (Clark and Guba, 1965), and models incorporating a combination of the above concepts (Leithwood, 1973; Havelock, 1973; Howes, 1977; Gibbons, 1977; and Eiseman, 1978). Bolam (1974) reports:

the reader of educational literature
is faced by a bewildering variety of models and theories and by frequent terminological and conceptual overlap and confusion. (p. 1)

More recently, people are beginning to reject the notion that a unitary theory of innovation exists. They are postulating the existence of distinct types of innovations whose adoption can be explained by a number of correlated but distinct processes (Bolam, 1974; Rowe and Boise, 1974; Sieber, 1975; Downs and Mohr, 1976; Dalin, 1978; Wideen, 1979). These people believe that change can take place in a variety of settings. The strategies for change will differ according to many factors. A theory emphasizing the interrelationship of many factors is a contingency theory and it will account for the many different dimensions that are evidenced within the change process. Dalin (1978) studied many case studies at the national and local level. This led him to the conclusion that the change process is systemic, with changes in one part influencing changes in another part, ultimately changing the nature of the system. Sieber (1975) stated that in the past, people assumed that a sequence of events occurred in an orderly fashion. Actually, he concludes,
There is a perpetual interplay between action and knowledge. (p. 45)

If organizational change and organizations are key analytic concerns, the major research method is the classic case study (Yin, 1978). Schramm (1971) states that the case study is an effort to contribute to policy and decision-making, rather than to science. To this effect Stake (1973) states that the case study may be the preferred method of research because it may be epistemologically in harmony with the reader's experience and thus be a natural basis for generalization. He also states:

The aims of the inquiry are humanistic understanding of natural phenomena, extension of experience and increase in conviction. (p. 3)

The arguments for and against using the case study design for studying the process of change are probably the same arguments that would be used when choosing one method over the other for the study of any "process" phenomena. They are basically that the case study is not scientific enough versus the case study is appropriate to describe and analyze the process of interrelated events.

One of the problems with case studies is that there are good case studies and poorer ones. As Yin (1978) states:
One of the continuing challenges to the organizational change approach is to create standards for designing, conducting, and aggregating case studies so that information can be reliably gathered and generalized. The feat has hardly been accomplished. (p. 13)

Dalin (1978) states that there are four basic factors that need to be taken into consideration when the change process is studied: the educational setting, the environment, the innovation, and the change strategy. Bolam (1974) incorporates organizational change theory and provides a framework for looking at the interrelationships between the change agent system, the innovation system, and the user system. Wideen (1979) uses force field analysis (originating from Kurt Lewin's concept of forces) to examine the forces that facilitated and impeded the change process in four case studies. Wideen examines the forces in relation to the national context, the local situation, personal factors and practical-technical or organizational factors. Gross, Giacquinta and Bernstein (1971), after a discussion of the literature on planned change and prior to a study of the change process, concluded that:

There was a great need for in-depth studies of organizations,
such as schools, trying to implement organizational innovations in order to isolate factors that inhibit and facilitate their implementation. (p. 40)

Thus, the case study is not only a credible approach, but also a needed one. In addition, Miles (1978) states that:

The number of well worked out studies with a concrete earthy sense of the ebb and flow of real change efforts must charitably be called picayune. (p. 255)

If change is a series of interrelationships and balance of forces it may help to know some of the strengths and deficits of the change literature in relation to what conditions affect and influence the pattern of these forces.

THE CLIMATE FOR CHANGE:

The bulk of the literature indicates the importance of climate, but the exact nature of the interrelationships between climate and the other factors in the change process have been difficult to isolate, describe and assess.

The importance of the social, political and organizational climate is emphasized by many (Lewin, 1947; Miles, 1964; Perrow, 1965; Halpin, 1967; Birnbaum, 1969; Watson, 1969; Dalin, 1973; Doll, 1973; Schmuck and Runkel, 1973; Pincus, 1974; Baldridge, 1975; Goodstein, 1975; Nash, 1977;
Hammons, 1978; Hrebniuk, 1978; and Wideen, 1979). The literature pays some attention to the climate within which change is most likely to occur, but there is marked diversity of opinion about the optimum conditions. Crisis is emphasized by many (Bennis, Benne and Chin, 1969; Wilson, 1972; Hearn, 1972; Havelock, 1973; Walz, 1977; Maguire, 1978). Franklin (1976) compared eleven organizations with successful organizational development efforts and fourteen organizations with unsuccessful efforts, and though he did not find one single dimension, he found that social-psychological conditions internal to the organization influenced behaviors and attitudes and affected the outcomes of the change. A past history or a prevailing atmosphere of change is emphasized by Gross, Giacquinta and Bernstein (1971), and Burns and Stalker (1977). Leadership within the organization and problem-solving ability of the organization were important aspects of the climate and affected outcomes in many studies (Schmuck and Miles, 1972; Dalin, 1973; Schmuck and Runkel, 1973; McMillan, 1975; Morin, 1975). The size of the organization is a factor that Havelock (1973) and Schmuck and Runkel (1973) state may affect the climate. The forces of the external climate,
support from outside and within, and the number of early and late adopters are also important aspects of the climate (Bennis et al., 1969; Nisbett, 1973; Havelock, 1973; Dalin, 1974). Pellegrin (1966) believes that the innovative organization encourages and rewards originality, and he feels that this positively influences change outcomes.

The timing may be closely related to the organizational climate. Havelock (1973) states that the opportune moment to initiate a change is when there are other forces working in one's favor. Katz (1969) analyzed the factors affecting acceptance of corn seed by farmers and new medication by physicians and found the important element in timing was the judgment as to when an issue had the support and sympathy of the most people. How closely this relates to educational change is difficult to determine.

Thus, though it has been established by many that the climate is important, this is an area within the change process that needs more attention so that the relationship between the climate and the initiation of change -- as well as the outcomes of change -- can be described, diagnosed, and then accounted for by the identification of causal strategies, or by an attempt to make predictable changes.
within the system itself.

To this effect, Halpin (1967) states:

The blunt truth is, we do not yet know very much about how to change a climate. More research is needed before any of us can risk a headlong plunge into action programs. (p. 11).

THE INNOVATION:

There is more to successful change than the successful introduction of an innovation, yet, as Fullan (1973) notes, the bulk of the attention in both research and practices has been related to the steps leading up to and including the decision to adopt. The irony of this is that many innovations fail because there is not enough implementation guidance, because statements of acceptance were considered enough, or because the innovation itself was not acceptable (Bolam, 1974; Pincus, 1974). Bolam (1974) has clearly stated and described that, the user system, the change agent system and the innovation system are closely interrelated. He specified some of the major factors that influence the success of an innovation. Because other literature was supportive of the factors that he identifies, the factors are listed and the supportive literature
included. The factors are:

1) The relevance of the innovation; the advantages over current practice and its feasibility within the organization (Rogers and Shoemaker, 1971; Adelman, 1973; and Havelock, 1973).

2) The magnitude of the change; the number of people involved and the degree of reorganization required (Hall, 1973; Arnold and Goodloe, 1974).


4) The costs of the change in material (finance and equipment) as well as the expense in non material factors (psychological factors, status and prestige) (Worthen and Sanders, 1973; Havelock, 1973; Saylor and Alexander, 1973; Giacquinta, 1973; Downs and Mohr, 1976).

5) The trialability or the ease with which it is possible to test the innovation on a limited basis (Rogers and Shoemaker, 1971; Havelock, 1973; Arnold and
Thus, it may be that whatever strategies are employed, and no matter how ripe the environment is for a change, if the innovation is not appropriate for the reasons discussed above, one may well be wasting energy in attempting to bring about a change.

THE CHANGE AGENT:

There are a number of different viewpoints expressed, about the effects upon change produced by the change agent's personal qualities, and position and/or roles the change agent plays, within the organization.

Some people studying change state that the person should be inside the organization (Griffiths, 1964; Bernard, 1972; Leithwood, 1973), while others demonstrate that the research supports the fact that most educational change results because of the outside change agent (Miles, 1964; McNally, 1974). More recently it has been stated that there should be an inside-outside team (Pellegrin, 1965; Schmuck and Runkel, 1972; Havelock, 1973; Duncan, 1976; Franklin, 1976; Gluckstern, 1977; Fullan and Miles, 1978).

Some authors believe that the person or change agent

Goodloe, 1974; Gibbons, 1977).
is the key to the success, and it is not just charisma and artistry that the change agent should have but also, skills (Baldridge, 1975; Howes, 1975; Morin, 1975). Morin (1975) synthesized the writings of six authors who studied the change process stating the change agent is a stimulator, is flexible and enjoys high professional esteem. Rogers and Shoemaker (1971) state that the change agent expends extensive effort, is empathic, credible and gregarious. David Crandall (1977) lists the prerequisite attributes of the change agent who is outside and a "linking" person. He states that the person should be proactive, mature, systematically reflective and competent, have many personal qualities, skills in problem solving, resource utilization, planning processes and implementation, and, along with all this be knowledgeable. Though these are listed for the "outside" change agent, the "inside" change agent may well have to have some of these qualities to be successful in initiating a change.

The two key characteristics of those who initiate change seem to be skill in communication and a sense of commitment (Watson, 1965; Castetter, 1966; C. Rogers, 1968; Stake, 1973; Wallace, 1974; Hall, 1974; Caskey, 1974;
Sullivan, 1976; Dunn, 1977). Sensitivity and trustworthiness are two further desirable characteristics according to Novotney (1971) and Rogers and Shoemaker (1971).

There are those who state it is not individual qualities that are critical but the position that the change agent holds, specifically, the roles played by the individual within the organization, that most directly influence the outcomes (Jones, 1969; Becker, 1973; Bolam, 1973; Dalin, 1973; Stettler, 1974). Bolam (1974) goes as far as to state that the most important characteristic of the change agent is his or her authority relationship with the user system, whether it be administrative status, professional colleague- ship, external consultancy or a combination of these roles.

**STRATEGIES FOR CHANGE:**

There were many strategies and tips presented in the literature on "how to" initiate change, yet there were only a few strategies that were consistently effective in most environments and situations. Dunn (1977) explored eleven hypotheses by analyzing sixty-seven successful and unsuccessful change efforts and found low to moderate empirical support for only three categories: collaboration,
participation and participation at high levels. Many authors and researchers of the change process agree that communication and collaboration with those at the top is essential (Larsen, 1970; Stufflebeam, 1971; Havelock, 1973; Caskey, 1974; Stutz, 1974; McNally, 1974; Goodstein, 1975; Farrington, 1976; Wideen, 1979). On the other hand, Gross et al (1971) believe there is little research evidence to support that the participation of subordinates in the decision-making processes lead to effective change processes. Beer (1972) believes that if the organization is complex, an autonomous unit can be changed without the total commitment or understanding of top management. Another dimension reflected in the literature is participation in linkage groups (Nash, 1977; Crandal, 1977; Wideen, 1979).

There are many other strategies discussed in the literature. Some are reported as being important but to a lesser degree than communication and the establishment of effective relationships. The following are strategies listed as being important:

- Incentives and rewards for change are stressed by Adelman (1973), Havelock (1973), and Bolam (1974).
- Appropriate feedback regarding the progress of
change activity is important (Adelman, 1973; Burns and Stalker, 1977).

- Maximum support and encouragement to the potential adopter or to the persons undergoing the change is important (Clark and Guba, 1965; C. Rogers, 1969; Havelock, 1973).

- Knowing how to implement is important (Gross et al, 1971; Doll, 1973; Fullan, 1973; Pincus, 1974).

Eiseman (1978) states that most planned change efforts encounter the problem of how parties trapped in deteriorating patterns of interaction can be helped to change to self-enhancing patterns. He gives people guidelines to show how the group members can demonstrate a way of thinking about concepts which all parties can support. Miles (1978) summarizes the diversified picture of the strategies for change by stating:

Many, many articles and books make suggestion after suggestion as to how it (that is, educational change) should be carried out. These prescriptions do not usually seem to be grounded closely in actual practice or to be derived very clearly from anything like a parsimonious theory. (p. 255)
SUMMARY:

In summary, there are many contrasting viewpoints regarding all aspects of change. The change process is regarded currently more as the interrelationship of many factors related to the user system, the change agent system and the innovation system, than as a unitary event. There is a deficit of longitudinal case studies that study the dynamics of the change process over an extended period of time, and there is a need for case studies in nursing education, assessing adoption of an innovation along with implementation of the same innovation.

STRUCTURE OF THE STUDY:

This is a longitudinal case study assessing the nature and scope of change. It focuses on the role of the change agent working within the organization. The study is written in four parts: 1) a case study comprised of three acts which includes the rejection, acceptance and implementation of the pass/fail system, 2) an analysis of the case study, 3) conclusions and 4) discussion of the events.
METHODOLOGY OF THE STUDY:

The events are described from the vantage point of a participant observer over a period of thirty-two months. The data were collected from minutes of meetings (faculty and curriculum meetings), recorded discussions with students and faculty, tape recordings of the meeting in which the faculty rejected the pass/fail system, interviews of faculty at certain points during the process of the change, two questionnaires circulated to faculty and students in relation to problems of evaluation, observation of planning meetings when the change was implemented, and observation at the first meetings about marks after the pass/fail system had been implemented for a sixteen-week term. Data also were collected from the records of outside educational consultants who conducted a workshop to identify problems within the nursing department. The consultants analyzed the data (three outside consultants) and submitted their report. A questionnaire was circulated regarding the strengths of the department, and a questionnaire was circulated asking about how faculty perceived the students within the department. The author had access to these records.
To identify the strategies which were employed, Havelock's (1973) six-step model was used as a guide. To explain the events, the concept of forces was used. A catalogue was made of the forces that facilitated or impeded the outcomes. Evidence of these forces and their influence recurred throughout the story creating a pattern of interwoven themes which were then described and discussed. The paper concludes with answers to the two questions that were addressed and a discussion of the conclusions in relation to the literature.
CHAPTER II

PHASE I

ATTEMPT TO INITIATE THE PASS/FAIL SYSTEM

INTRODUCTION:

This is a case study of the process of a change within a Nursing Institution in order to identify the influencing forces that determined whether or not the change was realized. The focus is on a specific attempt to change the grading system for the student practicum to a pass/fail system. Three main phases are traced. In the first phase two teachers within the program failed to get acceptance for the proposal, in the second phase three other teachers from within the program succeeded in getting acceptance for the proposal and in the third phase the pass/fail system was implemented. The narrative unfolds in 1976.
BACKGROUND TO THE PROBLEM:

In 1976 a conflict developed in the Nursing Department of a British Columbia College* over the procedures employed in evaluating the performance of students during the experiential part of their education. This conflict arose because of complaints of students about the percentage grading system, and a split in the faculty about whether or not to change from the grade to the pass/fail system.

Thus, the stage was set for an exercise in conflict resolution. In the months that followed, two teachers made an effort to get approval for the pass/fail system and failed, however, shortly thereafter, the faculty decided to accept the system. Then, having decided, they faced the trauma of implementation. Each of these three efforts are separate acts in a drama of institutional change.

The impetus for the change came from students who felt that the grading system was unfair and inconsistent. In the grading system students were assigned a percentage mark not only for classroom theory but even for the clinical

*All proper names have been changed to permit a detailed, frank description of events.
experience. The mark for theory was based on written assignments and the results of both midterm and final multiple choice exams. Few complaints were made about the theory mark, but many complaints were made about the mark assigned for experience. This mark was assigned by teachers primarily on the basis of observations of student performance within the hospital setting and comments made by the hospital staff. Within the hospital setting, each teacher had a group of approximately ten students and each teacher and group were assigned to one hospital for one term. Within the one term there were four to five teachers each with their own group of students who met as a large group for the classroom instruction. Students seldom got the same experiences within the hospital setting since each group was in a different hospital with a different teacher, and each student was assigned to different patients with different prognoses and needs.*

The students' major complaint was that they did not know how their mark was obtained or what behaviors or performance rated a top grade. When they inquired about this they received different answers from different teachers,

*See appendix page 137
even in the same term. Complaints that were most often raised were: 1) They were marked on the curve in each clinical group of ten. Students said that they could bet that in any group there would be so many "A's" so many "B's" and so many "C's" to the extent that they would try to get into a hospital group of weaker students so that their chance of getting an "A" would be increased. 2) Teachers seemed more interested in getting data to describe student weaknesses to lower the mark than in helping the student to become a better nurse. 3) Students had negative rather than positive feelings for fellow students due to the competitive grading system. 4) Students did not like the way the final mark was decided upon. The teacher would take the suggested mark to a meeting attended by all teachers working in the same year of the program. At that meeting each student's performance was discussed and a mark recommended which would receive final approval at a Divisional meeting about marks where once more the student's mark and performance were discussed.* 5) Students said that teachers would not tell them that their performance needed to be improved, and in fact, would tell them that

*See appendix page 137.
they were doing fine, yet when they received their mark, they would find that it was much lower than they had expected. To illustrate this point, two teachers described the following scene.

One student had several instructors almost rolling on the floor with laughter as she gave a pantomime of what happened to her at one final evaluation. She described the positive feedback that she had received from the teacher regarding her performance in one clinical area. She had received a check in the top level in almost every objective for the first time. She went home floating on air, telling her family and friends that she was sure she received an "A" and inwardly she was expecting at least 90%. When she received her mark she had obtained a mark of 64%!

The pass/fail system of rating students was seen as a solution to the student complaints by some teachers and not by others. Those who favored the pass/fail system were unhappy with the marking system. They stated that if they gave praise to a student regarding different aspects of the student's performance, the student would often use this to insist that an "A" had been implied or even promised. If negative feedback was given, often the first question would be, "does that mean that my mark will be lower" rather than a tuning in to how performance could be
improved. Some teachers had noted how few students seemed to help one another. Even if one student completed a task early in the day, she would seldom offer to assist another student unless the teacher suggested it. Those that were against the pass/fail system felt that; without a grade, students may have a problem continuing their education, that the rest of the College used a grading system, that almost everyone used a grading system, that they themselves had come out of a grading system, that they would not be able to motivate students to do good work, and that competitive skills were important in our society.

As early as 1968, students had been complaining about the grading system for clinical practicum to the teachers who would listen. Teachers did listen and did present some of the student complaints to other teachers at faculty meetings. This was not enough for the students. They felt that insufficient action was being taken, so they bypassed the teachers and complained to coordinators of the program about problems with the clinical evaluation system. In 1969/70, four teachers and two students circulated a questionnaire which asked students and teachers many questions regarding the process of evaluation. This
questionnaire showed that 75% of the teachers, 50% of the first year students, and 75% of the second year students were unhappy with the system of assigning a grade for their clinical experience. These data were tabulated and filed away in the coordinator's office, forgotten, and nothing more was done.

From 1971 to 1975 there were three petitions signed by students complaining about injustices regarding evaluation of clinical experience, and in particular the system of assigning marks via the large meetings without student representation. Teachers were beginning to talk more about the students' problems for they were now becoming the teachers' problems. The student complaints were raised at several meetings but no plans were made to do anything about them. Often the problem was thought to be related to militant students of the new generation. Some teachers had heard that a study had been conducted years before but when they inquired about this, no one seemed to remember or know anything about it.

In March, 1976, Dolina,* a teacher in the second year of the program raised the issue at a meeting of second year teachers by stating that she personally had problems

*Dolina is also the author of this study.
with how to assign a mark. She wondered if the group could help her in understanding how one assigns a certain mark for certain behaviors. In the discussion that followed it became apparent that there were many conflicting viewpoints. Several teachers stated that they too had similar problems. At that meeting Dolina and Lorinda, another teacher, volunteered to look into the problems of assigning marks to certain behaviors that students were supposed to exhibit in the hospital setting. The next month a faculty meeting was held and teachers were once more discussing problems with student evaluation, and in particular, student complaints. Someone mentioned that Dolina and Lorinda were going to look at the problem for the group of teachers in the second year of the program. Dolina and Lorinda were then asked if they would look at the problem for all of faculty. They were to look at the policies within the College and come back to faculty with recommendations. Dolina and Lorinda agreed. Thus, after that April meeting in 1976, plans were set in motion for what they believed would result in a better system of rating students for their clinical experience, happy and contented students, and happy and contented teachers. Little did they know that
they had such a long way to go or that it would be so painful.

DOLINA AND LORINDA:

Dolina was an experienced teacher with high energy who spoke with much emotion on many issues. One teacher made the comment in jest that Dolina made her sick with her "constant enthusiasm and jubilance". Another teacher stated that Dolina always seemed to have a theory about everything and when she spoke seemed to go over the entire globe, yet would sometimes surprise you with strokes of brilliance. Dolina was often getting the other teachers to participate in decision-making, yet in the minutes her name seldom appeared as an initiator of motions. Dolina was not averse to contradicting the views of the leader at the faculty meetings for she believed that faculty meetings should be the forum for open discussion, and that issues, not personalities, should be supported.

Lorinda was an experienced Psychiatric nurse. She was quiet, soft spoken, hardworking, thorough and methodical. Some teachers referred to her as a "Psychiatric type" and some referred to her as a deep thinker. She said
little at meetings unless asked, but when asked she would speak very well to any question, demonstrating insights into human behavior. Lorinda had just weathered an attempt by the leader of the program to have her fired because of her lack of formal teaching experience and lack of a degree.

Though Lorinda and Dolina were not experienced change agents they had played certain leadership roles within the College in the past. Lorinda had set up certain unique experiences for students within the hospital and she had participated in some committees where she took the initiative in a quiet manner. Dolina had just completed a task as chairman of a committee to investigate teacher and student concerns regarding the Science courses, and had just compiled a report of the findings. Dolina had also chaired the Open House program which occurred every other year. This involved coordination of teachers and students to present and "man" public displays. Lorinda had been an influential force in initiating some of the activities for Open House and the two worked well together. Both Dolina and Lorinda were committed to a pass/fail system of rating students. Dolina had previously taught in a College where a pass/fail system was used. She perceived that a pass/fail
system would enhance the quality of the teacher's interaction with the student. Lorinda had graduated from a School that used a pass/fail system for the clinical experience. She felt that there were serious problems with assigning a mark to the quality of an interaction between patient and student. Both Dolina and Lorinda were prepared to invest off-duty time in seeing that a change was made, for they felt it would ultimately benefit them.

Before discussing Dolina's and Lorinda's approaches to initiating the change to the pass/fail system, the organization within which they had to operate will be described for it was to play an influential role in the sequence of events in the months to come (See Table I, page 32).
The College is less than fifteen years old which means that all departments within the College are relatively young. The Nursing department is comprised of two nursing specialties, a Psychiatric nursing program and a General nursing program. Students register in one specialty, take the same first year and branch into their specialty program in the second year.

The Nursing department has grown and now has approximately 420 students and fifty teachers. Teachers are grouped according to the term of the program that they teach within, and the specialty area. Each teaching group reports to a coordinator who has no teaching responsibilities. The second year coordinator, Candice, by virtue of a close association with the leader, takes over most of the responsibilities when the leader (Ms. Callio) is away. The teachers have been recently unionized (along with laboratory assistants) so they have a collective agreement with Management and pay union dues. Some leaders of the departments have joined the union; others have not.
The leader of the department reports to the Divisional Director of Health along with other leaders of departments within the Health Division. The Director of Health along with two other Directors, reports to the Vice Principal who reports to the Principal. The College is governed by a Board, appointed by the Lieutenant Governor in Council (See Table I page 32).

b) Goals:

The goals of the Nursing Department are to graduate nurses employable in a hospital or health care agency with skills at the level of a "safe" practising nurse, working under the supervision of a more highly qualified nurse. The graduates have been employed within the community.

A survey conducted by three teachers within the Nursing Department in early 1977 (Dolina was one of the teachers) of all the hospitals within the area and some hospitals within the province showed that, generally, employers perceived the graduates from this program as learning new procedures quickly and having caring attitudes for patients. Weaknesses were perceived in leadership skills and the ability to adjust to shift work. Applications for admission into the Nursing program have been high, averaging
six to seven applications for each position available.

c) **Profile of the Teachers:**

Most teachers have bachelor's degrees (86%) and some have master's degrees (10%). Most faculty are women (94%) and the majority are single (60%). All faculty are to have had a minimum of two years teaching experience prior to being hired. The turnover of faculty is low and at this time there are many teachers who have taught in the program for five years or more.

d) **Profile of the Students:**

The students range in age from 18-50 with the average age being in the range of 18-23. More than 90% are female and many have had other work experiences prior to entering the program. The student requirements are that they must have a minimum of grade twelve and have Chemistry 11 and either Biology 12 or Chemistry 12. Grades of 65% or higher are preferred. All students are personally interviewed and must be classed by the interviewer as being physically healthy and emotionally stable. Faculty, in a questionnaire, rated the students as being highly motivated with varied interests. They also said that students seemed to have a problem with self-concept and that there seemed to
be a higher number of students with social, cultural and psychiatric problems now than before. No explanation was offered regarding these comments.*

e) Physical Setting:

Offices for teachers are located in many separate locations on and off campus. Teachers are very mobile moving from the classroom setting to one or more of eight major hospitals as well as day care centers. This mobility makes the Nursing Department quite isolated from the rest of the College.

The students also must move in and out of the classroom and into the hospitals at an even more rapid rate than faculty. It is not unusual for one student to move in and out of five to six hospitals as well as to attend many community facilities within the two years of their program.

Because of this setting and mobility there are few times when faculty meet together as a group. Small groups of teachers involved in the same year of the program who are teaching in the same subject area meet together for coffee

*A summary of faculty responses about students is on record. Twenty-four faculty responded to the questionnaire, although the raw data are unavailable.
and lunches but even this is often difficult because the hospital groups are often staggered due to the limited clinical facilities, which means that half of the group may be away at different times with a different group of students.

There is no common staff room or lounge where the teachers can go to discuss the events of the day. So, though faculty may see one another as a group at the once-monthly faculty meetings that are held, all faculty are unable to attend even these meetings due to the commitments in the clinical setting. There is little opportunity to talk with one another.

f) The Leader:

Ms. Callio, the leader since the College opened, has a great deal of teaching experience. One teacher referred to her as the best medical-surgical teacher one could imagine. She has a solid background in nursing, is well read, and well known. She tends to like to operate independently and is not supportive of the new participatory management philosophy. She has a tendency to let faculty run the department, if they think they can.
ORGANIZATIONAL CLIMATE:

The organizational climate was described by faculty as: 1) lacking in purpose, 2) crisis-ridden, and 3) lacking in leadership. This picture emerged after a problem-identification workshop was conducted by a group of outside educational consultants in July of 1976.* The consultants were called in by Management after faculty had approached the Union leader because of many changes occurring within the Department. There were problems with communications in regard to faculty's role in decision-making and the role of the Union which crystallized when Ms. Callio proposed a design for a new organizational structure for immediate implementation. Faculty resisted Ms. Callio's proposal and contacted their Union representatives.

Within a short period of time there were changes among key personnel. Ms. Callio and Candice left on a year's leave of absence in June, one month before the problem-identification workshop was conducted. Mrs. Juno, a person from outside the organization, was hired in August to replace Ms. Callio for one year. A new person was also

*See appendix page 141-150.
hired to replace Candice.

The following comments depict the main characteristics of climate as gathered from the problem-identification workshop:

a) **Lacking in Purpose:**

we seem unclear about our direction, goals or purposes. This lack of clarity seems to apply at both the general and specific levels of our operation.

One of the consultants gave his ideas as to why the faculty might be feeling directionless.**

the institution is young; it may not have lived long enough to develop goals and norms. There are two major programs, one generalist-oriented, the other specialist-oriented; these may be in subtle philosophical conflict. Staff are highly mobile and so deployed in instructional and clinical tasks that they rarely come together as a unit; there is little opportunity for reconciliation of value differences.

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*See appendix page 141 for discussion of how the data were accumulated, tabulated, paraphrased and summarized.

**See appendix page 166.
b) **Crisis-ridden:**

We undergo frequent changes in our operation and we seem to experience crisis too often. These changes and crises seem to result from a lack of what we think of as "planning" or the ability to anticipate and prepare for both problems and recurrent events.

The operation of our program seems faulty. It is characterized by a lack of coordination, by frequent changes, and by inadequate planning and evaluation of those changes. Perhaps basic to these features is the lack of agreement about, or specification of the objectives of the program.

c) **Lacking in Leadership:**

one diagnosis of our problems seem to be that they are attributable to a lack of something called "leadership".

Our operation involves several but interdependent groups, both in our committee structure and our curriculum areas. There is marked lack of coordination between and perhaps within these groups.
d) **Strengths of the Department:**

The strengths of the department were listed by faculty in early 1977 on the request of Mrs. Juno.* The list was categorized by Mrs. Juno. The positive features of the Department were seen as the quality of the support staff and their efficient services, the library facilities, salaries and professional development opportunities (one month a year free from teaching duties to plan), access to quality audio-visual equipment, and individual autonomy. It became apparent that though there were weaknesses within the Department there were also many strengths.

e) **Decision-Making Climate:**

The leader, Ms. Callio, is ultimately responsible for the administration of the department. She has the power to deploy existing staff within the terms of the collective agreement. Since faculty became unionized, many committees have been formed due to the direction by the Union to have faculty participation at a committee level. There were

*See appendix page 172 for a more detailed look at the strengths of the department.*
twelve new committees beginning to operate and two subcommittees which were operating as committees. This was all a new experience for faculty for in the past the leader was responsible for the decision-making while faculty spent most of their time teaching, rarely seeing one another or hearing about issues.

Faculty annually elect an executive. The chairperson draws up an agenda and leads the monthly meetings. It is at these monthly meetings that major decisions are to be finalized. Recently, with all the changes, many emergency meetings had been called by Ms. Callio which meant that the teachers would rush in from the hospitals and community and be presented with issues that were to be finalized, some which had never been heard of before.

Though faculty were well educated, their experience in decision-making and decision-making processes was minimal. Even the voting system was difficult for the teachers. They decided that abstentions to a motion would be classed as "negative" votes which meant that on any issue the "affirmative" votes had to be a resounding majority for any issue to pass. This served mainly to slow down all processes. Once a decision was made few people knew what to do to
ensure that there was follow-up. The leader seldom came
to the faculty meetings unless it was an emergency meeting.
Faculty were floundering in their new role! The decision-
making climate can be portrayed through the data generated
at the problem-solving workshop (July/1976). The following
comments depict the major thrust of the views expressed by
faculty.*

Something is wrong with our decision-
making structures and processes.
Deficiencies in the structures seem
indicated by a lack of clear lines
or authority and of specified areas
of responsibility, as well as by
a vagueness in terms of reference
for committees and inadequate
delegation.

Some of our difficulties in decision-
making and coordination seem
attributable to unclear or inadequate
communications. Some things seem not
to be communicated at all, others
either too late or not sufficiently
widely. Where the faculty communicates
with management it is not clear whether
the message has been received or what
consideration has been given to it.
There seems to be a general sense of
not being fully aware.

There has been little participation by students in
the decision-making processes. For the same reasons that

*See appendix page 158-160.
faculty find it hard to meet, so do students. A student, elected by peers, has been assigned as a representative for each year of the nursing program. These students have been invited to attend some faculty meetings, but faculty have been unable to decide whether student representatives should attend all faculty meetings.

To summarize the climate of this organization, one outside consultant listed eight major themes or generalizations which he said seemed to characterize it:

i. a lack of a commonly held philosophy of nursing education or set of basic beliefs;

ii. a lack of planning and program development;

iii. cumbersome and ineffective communication;

iv. a lack of procedural policies;

v. a host of minor irritants;

vi. a leadership void;

vii. the lack of tolerance for ambiguity and change among some staff members;

viii. a resentment among some staff members of the personal style of the administrator.

*See appendix page 166.
f) Other Issues:

Faculty were feeling pressure regarding the status of the curriculum and had been involved in ongoing changes. The Nursing Association which must approve all Nursing programs every three years, had appraised the original program and deferred approval with a set time limit for reappraisal. The next time that the program came under their scrutiny, a warning was given. This created a crisis. No more than two consecutive warnings can be granted or the program is terminated because students would not be eligible to write registration examinations so would not be licensed. A visit was to be made from the Nursing Association within a certain period of time. At that time, a report would be submitted about whether the warning would be removed or continued. Many changes in timetabling and course planning were occurring, for students were now being admitted into the program twice a year rather than once a year. The proposal had just been submitted by the leader for a complete structural reorganization, needing immediate faculty approval. This was too much for faculty members to accept. They never seemed to know what would happen next. Each day brought a new crisis. This led to feelings of confusion,
frustration and suspicion.

REJECTION OF THE PASS/FAIL SYSTEM

Dolina and Lorinda's Strategies:

Dolina and Lorinda were beginning to experience a certain amount of excitement thinking that they might be personally responsible for making the change from the grading system to the pass/fail system. The first thing Lorinda did was to circulate a questionnaire to all teachers and students. The questionnaire asked the question, "are you happy with the present clinical marking system? Give reasons, and is there any other clinical marking system that you know of and/or would like to see implemented?"

They were not surprised with the responses. Seventy-six percent of the students and 77% of the faculty who returned the questionnaires stated that they were unhappy with the present system. Most responses for another system were for a pass/fail, satisfactory/unsatisfactory rating system.

Dolina and Lorinda reviewed all minutes from faculty meetings and were amazed to discover that in 1969, a research study on evaluation had been conducted, with the findings

*See appendix page 176-179.
still available.* Also, in 1975 nine teachers from the first year of the program had discussed the findings from this study and had unanimously passed a motion that a pass/fail system be used in the clinical area. Two (medical-surgical) groups of teachers were going to try it on a trial basis. This never materialized.

Dolina and Lorinda interviewed many teachers who had ideas about the problems, or had attended workshops on evaluation. Many teachers handed over notes and material that they had received from workshops and conferences. The study that had been done in 1969/70 was located, and those data assessed. They also read literature about the grading and pass/fail system, and talked to two University Professors who had worked on methods of evaluation. They decided that they would write a report in which they would include the results from the questionnaires, the problems with the grading system and their suggestions along with back-up data from the literature regarding the pass/fail or criterion-referenced system. They would then present their report and their suggestions to faculty at a faculty meeting, get faculty approval to implement a pass/fail

*See appendix page 180-186.
system, and get a committee to implement the pass/fail system (possibly the curriculum committee).

While Dolina and Lorinda were gathering data and preparing to "present" the issues to faculty, the new leader, Mrs. Juno, had appeared within the organization. Mrs. Juno had a markedly different style than Ms. Callio. Where Ms. Callio seldom attended meetings, Mrs. Juno was at every one. Mrs. Juno radiated warmth, excitement, and was quick to praise teachers. She felt free to give her impressions of the organization, of administration, and of the teachers. She had a high energy level and many years of administrative experience. She was very aware of the data generated at the problem-identification workshop and she immediately set up systems to resolve some of the problems. An information booklet was set up so all teachers would have access to all information. A system of more personal messages for teachers was devised. She herself became active on many committees, and the committees produced as they had never produced before. She constantly referred to the "problem-identification workshop" as the reorganization workshop, and she immediately established a design committee to plan a new structure for the department which she referred to as "infrastructure".
In January, 1977, Dolina and Lorinda were ready to go to faculty and present their case for a pass/fail system. They believed that if they could show that the problem was huge, that the solution (pass/fail) was credible as portrayed in the literature,* then someone would set up the systems for implementation and all would be well. They had their report typed in large type so that it could also be on overhead transparencies for the meeting and they thought this would add to the presentation. Just prior to the meeting, the chairman asked them if they would leave that issue until the February meeting as the agenda was so heavy. They agreed when the chairman promised to place them first on the agenda at the next meeting. Their anxiety was high in regards to their presentation to faculty but they thought that by delaying their presentation more teachers would have the opportunity to read their report. February was to be their big month!

Just prior to the February meeting an event occurred that left Dolina and Lorinda very confused and even more anxious about their presentation. The night before the meeting, Dolina received a phone call from Lorinda who said

*See appendix page 187 for a copy of Dolina's literature review outlining the pass/fail vs. grading controversy.
that Mrs. Juno was upset and angry about their report that
was to be presented the next day. Lorinda did not know
what caused that upset. Early the next morning Dolina
talked to Mrs. Juno and explained that the report was just
a working document with nothing finalized. Dolina did not
ask Mrs. Juno outright what her feelings were, or why she
was upset as she was afraid to ask. Mrs. Juno seemed to
be saying that she was against the pass/fail system which
surprised Dolina as Mrs. Juno had referred Lorinda to a
certain Professor to talk about evaluation, and this
Professor supported them in their attempt to implement a
pass/fail system.* The afternoon meeting was looming and
both Dolina and Lorinda were apprehensive regarding how the
meeting was going to go. They had a tape recorder, and they

* Dolina found out later that the Professor had been
influential in helping other nurses design an
elaborate marking system for grading (which they
have since stopped using). Mrs. Juno quite probably
thought this professor was a proponent of grading.
As it was, he stated that he was there to assist
others and had not come to a conclusion regarding
either system.
had overhead transparencies. Lorinda asked Dolina to do the talking and Dolina agreed. They thought that if they explained that the overheads would be used to verify points discussed with the report, and if they got a discussion going, the meeting would take care of itself.

**Presentation of the Proposal for the Pass/Fail System:**

Dolina and Lorinda were first on the agenda so Dolina explained to faculty what the overheads were for and then she stated that she had talked to Mrs. Juno that morning and she was personally against the pass/fail system so maybe Mrs. Juno would like to open the discussion with her comments. Needless to say Mrs. Juno did open the discussion and closed it with her opening remarks when she stated:

The authors of this report obviously feel that the Psyche of a student is more frail than it is. Students live in a competitive society and we must prepare them for that society.

Without grades students would be difficult to motivate and we may be stopping their chances in the future of getting into graduate schools.

When she finished, Dolina feebly asked others if they had comments. Few teachers responded. Two teachers referred
to the fact that they had graduated from Schools of Nursing that used a pass/fail system. One teacher stated that it was so difficult to assign a mark when the experiences were so different. One teacher stated that the School she had just come from used the pass/fail system and the students were highly motivated and there did not seem to be as much dissension between students and teachers. There was little more communication, and Dolina didn't know what to do or how to recover. She asked if the teachers wanted to see the overheads and few seemed responsive. Mrs. Juno then said that it was obvious that a great deal of time and effort had been invested in the issue, so the report should be submitted to the curriculum committee to be used when developing an evaluation instrument. She also said that either Dolina or Lorinda should be on the curriculum committee when the instrument was being developed. Later she submitted a written critique of the comments within the report.* This meeting then moved on to other issues. The main issue, Dolina and Lorinda soon found out, was the restructuring of the department issue for which Mrs. Juno wanted faculty's undivided attention. Mrs. Juno had

*See appendix page 203.
circulated a report which Dolina and Lorinda had been too involved to read, and she wanted faculty approval for the recommendations which in essence were for two departments each with its own faculty and leader. Dolina and Lorinda were amazed at how Mrs. Juno presented the report. Mrs. Juno first asked faculty to adopt the report as written, exclusive of the recommendations, and then moved on to each recommendation. Most recommendations were passed by faculty, and Dolina and Lorinda were in the position of seeing quite a contrast at one meeting between their ineffective report preparation and presentation and Mrs. Juno's effective report preparation and presentation. Mrs. Juno also had directed a committee to prepare the report so many people were knowledgeable about the contents of the report. At the end of the meeting some teachers came up to Dolina and Lorinda and commented that they believed that the pass/fail system was the only way to go but they had not mentioned that in the meeting. Both Dolina and Lorinda were depressed and surprised at how the meeting had gone. Both expressed that they were "rookies" and no match for Mrs. Juno.

After this meeting Dolina and Lorinda decided to shelve everything for a few months and decided that they
would compile the data at a later date when they felt like facing the issue again. Lorinda began to prepare for an extended European holiday. In the meantime, Dolina was reading about how to make curriculum changes for a University class. She decided to analyze the events that led to the rejection by faculty of the pass/fail system using Ronald Havelock's model (1973) which was a six-stage model.

Evaluation Report Rewritten:

After analyzing their failure Dolina realized how few strategies they had employed. Dolina rewrote the initial report in order to address the true issues and concerns, since one of the biggest errors that became apparent was the fact that they had not identified the problem adequately. Lorinda and Dolina now believed that if there was on record a concise report of the data, then possibly at a future time, if the problems were agains addressed, the case may be even stronger.

The problem was restated so it was not only a "grading" problem. It read as follows:

The majority of students and teachers are unhappy or dissatisfied with the present system of

*See appendix page 205.
evaluation. Some of the problems are related to:

- the normative-referenced (grading) system.
- the evaluation tools having a different format and leading to different grading systems in different subject areas (terms).
- the evaluation tools not having clearly stated objectives or behavioral expectations.
- students and instructors having different ideas about the purposes of evaluation.
- lack of consistency among instructors.
- lack of time spent with some students.

This time specific objectives were used as a basis upon which to develop the recommendations.* The recommendations were then developed with attention paid to many more dimensions of the problem. The recommendations were as follows:

- that the current grading (normative-referenced) system be continued at the present time.
- that a pilot project be initiated using the criterion-referenced system in one area or two areas where teachers have expressed a desire to do this, and this system be evaluated in relation to the normative-referenced system of evaluation.

*See Appendix page 215.
that the evaluation tools be reassessed to specify the main objectives and levels of performance.

that the evaluation tools be as similar as possible in all the areas in relation to categories assessed, and be given to students

that the main behaviors to be assessed in terms of a grade, be assessed in the final part of each clinical experience

that cooperation and sharing of knowledge on the part of students be emphasized and facilitated by teachers

that students and teachers communicate actively about the purposes of the evaluation system by having a workshop with students and instructors participating.

Case Closed:

Lorinda read the report and agreed with the recommendations. She had two comments; she felt that the leader's name should be stated, and she felt that there were parts of the report where anger seemed to come through.

Dolina followed this up with Lorinda and they reread the report. However, actual statements depicting anger could not be identified so they decided to leave the report as it
was. The report was submitted to the curriculum committee in November, 1977 with a memo explaining the history of the report and a summary of the report. The curriculum committee was chosen partly because this was the recommendation from the leader, and partly because the curriculum committee was now seen as a good place to disseminate information. Dolina and Lorinda decided to talk more about the issues at coffee and lunches with others, and to look at other Colleges' grading systems. Lorinda went on her six-month vacation and both believed that the case was closed. They had no reason to believe that the best was yet to come.
CHAPTER III

PHASE II

ACCEPTANCE FOR THE PASS/FAIL SYSTEM

INTRODUCTION:

On March 9, 1978 a meeting was held to discuss the content organization for a new curriculum. Dolina and Lorinda were absent from that meeting as was the leader. A motion was passed at that meeting for a pass/fail system in the clinical area. There had been no allusion to this topic in the agenda and when Dolina heard that faculty had accepted the pass/fail system she was shocked. She was also puzzled and curious as to why faculty had agreed at this point in time to move to a pass/fail system of clinical grading when the earlier efforts had failed. She decided to investigate the situation in order to find out what happened. In describing Dolina's investigation the setting will be described once more because it had changed considerably and once more it seemed to influence the sequence of events.

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The entire organization had changed since the time when the pass/fail proposal had originally been rejected. The Nursing Department had been split into two departments effective September, 1977 (Psychiatric Nursing and General Nursing).* Each department was to have its own leader and own faculty. This meant that each department now was half the size of the original department. Mrs. Juno was now the leader of the Psychiatric Nursing Department. Ms. Callio, the leader of the General Nursing Program, was not to be back until November, 1977, so she appointed Candice to be her replacement.

Several new issues were now facing faculty. Some teachers in the General Nursing department were fearful regarding their job status as faculty were to be assigned on a low seniority basis to the Psychiatric Nursing program. Originally teachers were to have their choice of department but only ten teachers had selected positions within the

*This paper now deals with the change process within the General Nursing department.
Psychiatric Nursing program and they needed about seventeen more teachers. Because the departments were split, fewer positions were needed for the General Nursing program, so, if teachers did not transfer to the Psychiatric Nursing program they could conceivably be out of a job.

Another problem which turned out to be very serious was utilizing faculty time. The Nursing Association which must approve the Nursing programs had issued their second warning in regards to the curriculum. They had set a deadline of May, 1978 to reorganize the curriculum. Full approval had to be granted this time or the program would be terminated. Because of the seriousness of this situation, three teachers were to be released from their teaching responsibilities to design a new curriculum and to come to faculty at key points in the development for faculty approval. These three people, Andrea, Alice and Ann, were called the Curriculum task force. The March class of new students had been cancelled which did take considerable pressure off faculty in the first year of the program, allowing them to be more involved with committee work.
STUDENT PRESSURES:

While, one year earlier, students were complaining to teachers and coordinators by discussion and petitions, students were now beginning to be even more verbal about expressing their discontent with the present clinical evaluation system. They had heard that the pass/fail system had been rejected. Many of them had completed the questionnaires, and were anxiously waiting to hear what the outcomes would be. They were disappointed when nothing materialized. In February, 1977 students were complaining to teachers and to the coordinators at a faculty meeting about evaluation problems and student-teacher personality clashes. Some teachers and coordinators talked about this and wondered if students were too dependent on instructor's stimulation and urging.

In March, 1977, guidelines were presented by Mrs. Juno to help resolve possible personality conflicts with students. The faculty agreed that a systematic approach to evaluation of students for their clinical experience was something that was needed.

In May, 1977 students had gone to see Mrs. Juno with a list of problems regarding evaluation. At that time
students suggested that a panel be set up to interview cases. Students were also concerned about what went on at the meetings about marks. Some students said that they should have representation at the meetings for marks and they should be able to attend to speak to their own case if they so wished. Mrs. Juno made no decision regarding the meetings about marks but suggested that monthly supper meetings be held with the student representatives to discuss concerns on an ongoing basis. In that same month, there was negative press in the student newspaper. Clinical experience evaluation and failure in the clinical nursing courses were identified in the newspaper as being major student problems. Then, Mrs. Juno set up monthly meetings to meet with the students and to discuss problems. On May 13, 1977 Mrs. Juno interviewed two student representatives and left the notes of this interview on file for Ms. Callio. These notes contained the following comments about evaluation:

Evaluation of students by instructors in clinical courses is a major concern to students. The students would like to see a process initiated to review perceived 'personality conflicts' in an open and equitable manner.
The problem seems to be how to reconcile divergent opinions and values, and how to help some students to be more assertive.

It was suggested that it is possible that more attention to the transfer of nurse-patient relationship skills to student-instructor and student-staff interactions would be useful.

At times students perceive that there is a lack of congruity between the instructor's comments to students on their progress and the mark given for the course. ... It happens with the nicest instructors!

Further evidence of student discontent and problems began to surface in another way. From July, 1977 to July, 1978 the attrition rate had doubled. Management was concerned and in July, 1978, the message of Management's concern was delivered to faculty. Faculty were invited to participate in an investigation.

Dolina and Lorinda's report had been the incentive for the Curriculum committee to appoint a person to look closely at the report and to draft guidelines for clinical evaluation to be circulated to faculty in the hope that they would become more aware of the problems, and work towards correcting them. The guidelines had been circulated to faculty.
ANDREA, ALICE AND ANN:

Andrea was the person who volunteered to organize the new curriculum. She was to be very influential in initiating the pass/fail system. She volunteered under some duress. She finally agreed to take the task because faculty stated that they would support her. Andrea was a hard worker, quiet, well organized and methodical. For example, she kept a record of all her teaching lectures from years before which she willingly lent to other teachers. She had just returned from receiving a Master's degree, and the teachers felt that she might have more expertise than most people on faculty. Andrea had taught at the College for more than seven years. She went around and spoke to different people who had volunteered in writing to work with her. The leader, Ms. Callio, had recommended that the main criterion for the three people to work on the curriculum was that they be able to work well together. Andrea chose one teacher from the first year of the program, Alice, and one from the second year of the program, Ann. They too were quiet soft-spoken people who had maintained a low profile in the faculty meetings. Alice and Ann were
relatively new to teaching but were highly rated for their clinical and classroom teaching. Several teachers expressed surprise that these people were the Curriculum task force but were grateful that someone was going to devote full time to pulling things together. Ms. Callio directed faculty to follow the suggestions that the three Curriculum task force members came up with. Ms. Callio stated that if the teachers did not support the Curriculum task force, the program would be terminated.

Thus, faculty were still in a state of high anxiety, as many changes were still occurring. Some teachers had worked with one another more in the committee groups and seemed to be supporting one another more, but many of the teachers were expressing that they were exhausted. Andrea, Alice and Ann were seen as leaders and faculty were ready to try almost anything, and agree to almost anything if the curriculum would be approved. This feeling was to be used to advantage when the pass/fail system was accepted.
ACCEPTANCE OF THE PASS/FAIL SYSTEM:

A curriculum planning meeting was held in March, 1978, for faculty to discuss content organization and make decisions regarding curriculum development. Neither the leader, Dolina nor Lorinda were at that meeting. Ann made a motion that a pass/fail system be initiated for student clinical experience. She made reference to the fact that the philosophy of the program stated that the behavior of the student was individual and unique, with students differing in their rate of learning, and that a pass/fail system was compatible with this philosophy. Mention was made of the past work and ideas that had been expressed regarding the pass/fail system. Surprisingly, faculty voted to accept the pass/fail system. (15 were in favor, 2 were opposed and 3 abstained.) Discussion followed in regards to how this could be implemented and it was decided that the Curriculum committee (not the Curriculum task force) would look into implementation.

After this meeting Dolina asked eleven teachers who had been at that meeting why they thought the pass/fail proposal was accepted. Three teachers said that they thought it had been railroaded and faculty had not been given enough
time to discuss the issue; the other eight simply said it occurred because it made sense. Later, two other teachers expressed that they weren't completely in favor of the pass/fail system but they suspected that Ms. Callio was against it, and they said if she was "against" it they were "for" it.

Andrea, Alice and Ann were asked after this meeting why they thought that the change to the pass/fail system had occurred at this time, and in essence how they had done it. The main points raised were as follows:

Faculty had discussed it time and time again. We knew all about it and we knew there were a lot of good things about it.

We had tried to go that route before and it had been rejected so we almost saw the new curriculum as an opportunity to bring in pass/fail, now when faculty were pretty much in tune with it.

We thought now we may be able to get it as an integral part of the curriculum as it would be only one small part of the change.

The big part would be the curriculum change. The pass/fail would be the small part.

It took the focus away from the pass/fail this way. I suppose it's sneaky, but I don't really think so as we'd talked about it so much.
It seemed to be the right opportunity and the right time.

As you know, we were personally for it.

Now we have to know how to implement it, how will the systems accept it and what will it do to the system?

**FINAL ACCEPTANCE FOR PASS/FAIL:**

After the March meeting the proposal for the pass/fail system still had to be approved by the Vice-principal's committee. No plans were made at the March meeting regarding who would take the proposal or when. It became evident that faculty acceptance for the change was not enough to ensure that the change would occur. Two requests were sent out to faculty for ideas regarding implementation. Dolina and one other teacher were the only ones who responded. Dolina strongly recommended that outside consultants be utilized and recommended two people. In a July meeting, Candice, who was still replacing Ms. Callio, stated that more data regarding pass/fail would need to be collected before she presented the issue at the Vice-principal's committee. Some faculty rejected her proposal to go back to the small working groups to collect more data, as they wondered how
much more data they had to have. Lorinda, (who was just back from her holidays) in particular, rejected this suggestion for she was worried about a longer delay. The pass/fail system was to take effect in the latter part of August when the new students would be admitted into the new Nursing program. There was not much time! Nevertheless, Candice moved that all data be analyzed to date so that she could make the decision regarding the issue and draft a proposal to take to the Vice-principal's meeting. Some teachers were upset that this motion passed, but some teachers thought that Candice would represent the issue well, as she was applying for the position of curriculum coordinator, and she needed faculty approval for that position.

In early August, Candice and Andrea went to the Vice-principal's meeting and received permission to grade students on a pass/fail basis for the clinical experience part of Nursing. The theory course and the clinical course were to be combined which meant that only the theory mark would appear on the transcript. If the student failed in the clinical course she or he would automatically fail the theory course. If the student passed both the theory course and the clinical course, the mark on the transcript would be the
Thus, upon looking back at the history of the pass/fail system, more than nine years had passed between the time when the first questionnaire had been circulated and when a significant change was ready to be implemented. Dolina was appreciative of Andrea's, Alice's and Ann's efforts. She realized that they were much more adept at initiating change than she and Lorinda were. Dolina decided to analyse the events once more according to Havelock's model (1973) to compare and contrast the two situations.* (See Table II, page 71.)

*See appendix page 216.
<table>
<thead>
<tr>
<th>Choosing</th>
<th>Acceptance of Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solution not approp. to the problem.</td>
<td>Used Evaluation report.</td>
</tr>
<tr>
<td>No pilot test recommended</td>
<td>Recommended a pilot test.</td>
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<tr>
<td>Had only one idea for a solution</td>
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<tr>
<td>Saw faculty mtg. as a place to get stamp of approval, not idea-generator.</td>
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<tr>
<td>Checked with Registrar.</td>
<td></td>
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<tr>
<td>No discussion on an informal basis.</td>
<td>More discussion at coffees and lunches.</td>
</tr>
<tr>
<td>No info. about what other schs. were doing.</td>
<td>Faculty now knew what other schools were doing about the pass/fail system.</td>
</tr>
<tr>
<td>No ongoing communication with faculty.</td>
<td>Planned strategy for faculty presentation.</td>
</tr>
<tr>
<td>No strategies other than &quot;show and tell&quot;.</td>
<td>Good timing; Leader absent from meeting.</td>
</tr>
<tr>
<td>Bad timing; Leader wanted faculty attention on another matter.</td>
<td>Report written more clearly with a good discussion of the &quot;problem&quot;.</td>
</tr>
<tr>
<td>Poorly written report.</td>
<td>More time had naturally occurred so faculty had more time to &quot;digest&quot;.</td>
</tr>
<tr>
<td>Good literature review.</td>
<td></td>
</tr>
<tr>
<td>Checked with Registrar.</td>
<td></td>
</tr>
<tr>
<td>Little time provided for faculty to &quot;digest&quot; the implications of a change to pass/fail.</td>
<td></td>
</tr>
<tr>
<td>No consideration</td>
<td>A workshop for students and teachers was suggested but not implemented.</td>
</tr>
<tr>
<td></td>
<td>Faculty were attending conferences on evaluation.</td>
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<td></td>
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<tr>
<td>7-8 years of &quot;symptoms&quot; leading to awareness of problem, however, only two months given to assimilate the solution of pass/fail.</td>
<td>9 years of &quot;symptoms&quot; leading to awareness of problem, almost one year allowed to &quot;assimilate&quot; the solution of pass/fail.</td>
</tr>
<tr>
<td></td>
<td>5 months from proposal acceptance to implementation.</td>
</tr>
<tr>
<td></td>
<td>3 weeks from final acceptance (from the &quot;top&quot;) to implementation.</td>
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<tr>
<td><strong>Havelock's Model - Table II</strong></td>
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<td>--------------------------</td>
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<tr>
<td><strong>REJECTION OF PASS/FAIL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Who</strong></td>
<td></td>
</tr>
<tr>
<td>Two insiders, no power</td>
<td></td>
</tr>
<tr>
<td>No special skills</td>
<td></td>
</tr>
<tr>
<td>Not perceived by faculty to have skills</td>
<td></td>
</tr>
<tr>
<td>System in the beginning of crisis.</td>
<td></td>
</tr>
<tr>
<td>Faculty unable to make efficient decis.</td>
<td></td>
</tr>
<tr>
<td>Some danger signals evident</td>
<td></td>
</tr>
<tr>
<td>No collaboration with leader</td>
<td></td>
</tr>
<tr>
<td>One-way transfer of information</td>
<td></td>
</tr>
<tr>
<td>Unrealistic expectations—believed in a quick and easy sln., thought someone else would implement.</td>
<td></td>
</tr>
<tr>
<td>Objectives not outlined for others</td>
<td></td>
</tr>
<tr>
<td>Did not perceive their role as change agts.</td>
<td></td>
</tr>
<tr>
<td>No power, and no perceived power</td>
<td></td>
</tr>
<tr>
<td>Leader may have been threatened as she was not a part of the plans</td>
<td></td>
</tr>
<tr>
<td>No confrontation with ldrs. or with faculty</td>
<td></td>
</tr>
<tr>
<td>Overloaded the Problem-Ident. area, yet still did not have a clear picture of the problem.</td>
<td></td>
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<tr>
<td>Did not look at strengths of system.</td>
<td></td>
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<tr>
<td>Minutes, two questionnaires, interviews tape recording.</td>
<td></td>
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<tr>
<td>Contacted two professors</td>
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<tr>
<td>Literature search.</td>
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<tr>
<td><strong>Acceptance of Pass/Fail</strong></td>
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<tr>
<td><strong>Who</strong></td>
<td></td>
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<tr>
<td>Three insiders, used the influence of Curriculum Committee.</td>
<td></td>
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<tr>
<td>Power vested in them by the leader.</td>
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<tr>
<td>Perceived by faculty to have skills.</td>
<td></td>
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<tr>
<td>System in crisis, acknowledged by all.</td>
<td></td>
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<tr>
<td>Faculty had little energy to resist.</td>
<td></td>
</tr>
<tr>
<td>Danger signals evident.</td>
<td></td>
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<tr>
<td>Met with leader periodically</td>
<td></td>
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<tr>
<td>Evaluation report considered more dimensions of the problem, and suggested a pilot test.</td>
<td></td>
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<tr>
<td>Worked with more faculty groups, laid out their deadlines for all to see.</td>
<td></td>
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<tr>
<td>Perceived themselves to be change agents and leaders.</td>
<td></td>
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<tr>
<td>Power vested in them by the leader</td>
<td></td>
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<tr>
<td>Faculty viewed them as their &quot;saviors&quot;.</td>
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<tr>
<td>Eval. report confronted more differences.</td>
<td></td>
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<tr>
<td>Clearer picture of the problem.</td>
<td></td>
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<tr>
<td>Ideas from faculty meeting used as data for diagnosis</td>
<td></td>
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<tr>
<td>Found out about other schools using Pass/Fail.</td>
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</tbody>
</table>
CHAPTER IV

PHASE III

IMPLEMENTATION

INTRODUCTION:

There had been no change in organizational structure since September of 1977. However, there was now a total change in program. The new curriculum was given approval to begin in the latter part of August, 1978. In this new program the time frames were longer, the curriculum content was changed with the introduction of new concepts. The program was to run for five months longer, and students would be spending a longer time learning basic skills in the beginning of the program. Teachers were working long hours to prepare all systems for the new curriculum and pass/fail system.
THE CLIMATE:

The new curriculum and pass/fail system were just beginning to operate as of August, 1978. Many first year teachers expressed positive feelings regarding the new curriculum in that the time allowed for teaching basic skills as well as the time for student-teacher contact had been increased. Some of the high-anxiety, skill-demanding procedures had now been scheduled for the second term rather than the first term. Although teachers in the first and second year were working well together within each group, there were beginnings of a lack of cohesion between them. Teachers in the second year of the program were expressing views that with the new curriculum, first year teachers had been listened to more than they had, that teachers in first year had less to teach while second year teachers had more to teach. All in all, the teachers in the first year of the program were thought to have more benefits with the new curriculum. The teachers in first year were expressing some resentment regarding these allegations. The teachers decided to set up a committee to look at these concerns.

At the same time that the new curriculum and pass/fail system were being put into effect, some teachers in the first
year of the program and most teachers within the second year of the program were planning strategies to present information criticizing the style of leadership within the Nursing department. A "Solution" Workshop had been held after the "Problem" identification workshop had been held but the consultants were not called back as had been planned for, and nothing had developed from the problems identified in regards to the data about the leadership within the department. Some faculty had attempted to get faculty approval to talk to Ms. Callio regarding what the teachers wanted in the form of leadership but this had not developed because no one wanted to go to talk to her alone, and few wanted to go along. A draft had been prepared by a group of teachers which outlined leadership criteria but it remained on record and that is all that developed. The Management had agreed to release the three faculty members earlier, and to cancel a class to assist with curriculum problems as a result of the "Solution" workshop, but somehow many faculty wanted more.

There were some personnel changes that changed the climate. The Senior Instructor for the first term of the program quit one and a half weeks before courses were to
A teacher from within the first year of the program received this position, which meant that she would be responsible for implementing the proposed changes. A person from outside the organization had applied for the position of Curriculum coordinator, however Candice became the Curriculum coordinator and the person who had originally applied took over Candice's position of second year coordinator.

In late November, 1978, a group of teachers bypassed their coordinator and leader to approach the Director regarding their concerns. By early December the Director, with approval up the line, made a decision to inform the leader, and to conduct an internal investigation by a committee comprised of representatives from management, staff and the union. Teachers were invited to come and express their views regarding the functioning of the department before the three representatives, who were then going to submit a confidential report to the Director regarding their findings. There was no indication that any action would be taken. These activities were causing high anxiety, some anger between those who were supporting the leader versus those who were not, and much tension. In the meantime, classes were on
as usual, the first term of the new curriculum and the pass/fail system were in progress, and some energy had to be directed towards teaching and maintaining the program.

**PLANNING FOR IMPLEMENTATION:**

a) **Mechanics of the Evaluation Instrument:**

Planning meetings for implementation of the pass/fail system occurred from April, 1978 to August, 1978. Nine broad curriculum objectives had been decided upon. The framework for the instrument had been designed using these nine broad curriculum objectives by a committee which Dolina volunteered to lead. Dolina involved students on that committee. Discussion of the philosophy had occurred with the planning for the new curriculum, and this proved to be very helpful when discussing evaluation, purposes and processes. Dolina also conducted a meeting with all faculty to discuss what seemed to be the three major problem areas with the pass/fail instrument. These problems arose from the discussions within the committee in which the design of the instrument was planned. The three main problem areas were: 1) On what basis does a person
fail, ie. what are the critical behaviors or components?

2) If a person fails in one clinical course, when the term is comprised of two or three clinical courses, how are the progress records kept and transferred? and 3) What should be shown on the summary sheet so that employers can get valid information? At this meeting conducted to look at the problems, there was some confrontation and airing of viewpoints which had been needed. There was little time to discuss the instrument and problems, as at that meeting feelings were expressed about other concerns that teachers had, which were not related to the pass/fail instrument. It became apparent that feelings about certain curriculum changes were top priority, and the above questions were left unanswered. The faculty did decide, however, that the teachers within the first term should use whatever seemed to work best, for there were no hard and fast rules, and changes could be made as they went along. Some teachers within the first year of the program were frustrated with this lack of structure, as August was fast approaching and nothing definite had been decided in terms of the specific criteria for the evaluation instrument. Many faculty were going away on holidays leaving only a few people to teach and prepare for the new
b) **Planning Meetings:**

Because the pass/fail system was to begin at the end of August, 1978 with the admission of a new class while the rest of the program was to continue with the grading system, the implementation of the pass/fail system was carried out primarily by seven first year teachers, the Senior Instructor and first year coordinator. The implementation process will be discussed primarily in terms of the influences upon the teachers in term one, and the events in which those influences came to bear upon them.

c) **Planning Meeting #1: July, 1978:**

A two and a half hour meeting chaired by the first year coordinator was held to finalize decisions regarding clinical placements and the evaluation instrument. Here discussion occurred about what should be on the front page of the form in terms of a summary. It became evident that this group would not have the time to plan this, so the task was delegated to the curriculum committee. The issue of what should be on the evaluation instrument in regard to critical behaviors was still unresolved, but this was left to the next meeting as once more, time was pressing.
d) Planning Meeting #2: August 11th., 1978:

This four-hour meeting was chaired by the new Chief Instructor. Ms. Callio and Candice attended parts of the meeting. Curriculum material was distributed, problems with assignment of community experiences were discussed, and concerns were expressed about the last Marks meeting, but most of the meeting centered around the clinical pass/fail evaluation system. The evaluation instrument was circulated and decisions were made regarding critical components. They decided to call the behavioral objectives that were critical, "critical behaviors". At that meeting the arguments centered around two problems: should everything on the instrument be critical, or should some objectives be more critical than others? The decision was made to have certain behavioral objectives critical and have them asterisked. The rest of the meeting time was taken to decide what objectives should be critical. On talking to teachers after that meeting, the following comments were selected to characterize the events from that meeting:

Nobody in the group had any idea what a critical component was, or where the term originated.
We were told that we couldn't go to lunch until we had decided which objectives were to be critical and starred.

Two of us believed in pass/fail, but were really against critical components as everything should be critical. We were cut off bluntly, and we were called aside after, like everyone is who disagrees, and told we were disruptive and not facilitating the group.

It was a terrible meeting.

IMPLEMENTATION OF THE PASS/FAIL SYSTEM:

At the end of August, the new term with the new curriculum, the new pass/fail system and the new students began.

Sixty students were selected to be admitted into the General Nursing program from over 400 applicants. These students would be in term one from the end of August until the middle of December and they would be taking theory courses and also spending time practising in the clinical area. The pass/fail system would be applied to their clinical experience. With the new curriculum and time frames the teacher would be spending more time with the students, and the same teacher would be with the same group of students.
throughout the entire term.

The evaluation tool was circulated a few weeks after the students had started. The critical behaviors were asterisked. Students were to use the evaluation form as guidelines for their performance. Students were to anecdote activities daily in a diary incorporating the objectives on the evaluation form. A midterm progress report and final evaluations were held. Departmental and Divisional Marks meetings would be held at the end of the term as usual.

In early October, Dolina asked some of the teachers how the implementation of the pass/fail system was going. Some of their comments were:

First year faculty were working on a -- tomorrow we will do such and such -- schedule.

We were actually given one day to implement plans for term one in regards to the new curriculum and the evaluation system.

Funny thing -- everything we did worked.

Let's face it, we had pressures of new classes, curriculum, and clinical experiences -- The evaluation form was our last priority.
We would have voted for a blue egg just to get on with it.

People's anxieties were high. Our planning time was not enough and we were forced into making decisions in a hurry.

In late October Dolina wanted to talk to students and teachers regarding how the pass/fail system was working. The teachers felt they could not state whether the pass/fail system was successful because they did not know. They did not want to make comments one way or the other for fear of giving invalid information. Dolina then received permission to attend the next meeting where discussion about the pass/fail system was to occur. Dolina agreed not to talk with the students. Some teachers who seemed concerned that Dolina might feel a personal insult at their initial refusal explained the situation this way:

Besides us feeling snowed and not knowing how pass/fail was going, two faculty were concerned regarding your questions. If you started asking questions regarding the evaluation tool and critical behaviors, you might disrupt things in that then, students may start asking teachers regarding the "starred" critical components. We wouldn't be able to answer them--you'd be opening up a hornet's nest!
Some teachers felt that they and the students would be like guinea pigs.

The timing of your request was unfortunate.

Over the next six weeks it's a make it or break it scene.

**EVALUATION OF THE PASS/FAIL SYSTEM:**

The pass/fail system had run for one term. It would be at the meetings held about marks that Dolina would observe what problems the system presented in relation to the implementation of the system. Dolina attended the meetings and planned to listen to teacher questions and observe the general feeling tone of the meeting.

**MEETING TO REVISE THE PASS/FAIL INSTRUMENT:**

This meeting was held to discuss the system of evaluation in the clinical area after it had run for one term. It occurred after the meeting about marks on December 19, 1978. It is being included here as it seems to fit more with implementation than evaluation.

Seven first year teachers attended plus the first year coordinator, Candice and Dolina. The discussion dealt
primarily with the conflicts regarding the critical components or behaviors and then moved on to look at the evaluation instrument.

**Critical Components:**

A decision was made after much discussion to delete critical components or behaviors because all behaviors on the form were critical. This recommendation was to go to the curriculum committee and then to faculty. A paragraph was to be inserted (on the evaluation form) stating that a decision for pass/fail would be based on consideration of the total picture. The following were some of the comments leading to this decision.

Some say if it's critical the student is "out". I couldn't do that when I worked on it. I'm feeling twitchy about saying a student is out of the program on the basis of one problem.

We have this new system, pass/fail. I'm seeing more and more it's the total picture rather than separate items for the students who may fail. The students who failed, failed in many areas.

The thing is--to get better criteria for pass and fail. If we remove the star when do we fail them? When they fail three or four objectives?--we use our own judgement?
Many students failed the objective related to the Nursing process, yet weren't failed. The difference still comes back to the teacher's judgment -- the teacher said, "I think she should fail".

One positive thing regarding critical behaviors was that it was much easier to convince my student that she failed.

**Evaluation Instrument:**

All nine broad objectives were discussed for the purpose of airing problems and clarifying terminology in relation to use of the instrument. Some sub-objectives were reworded, some were placed under other headings and some were deleted. Three teachers stated that they didn't use the form or look at critical behaviors until after they had made their decision to pass or fail the student. A decision was made to outline required assignments and to inform students how the objectives were to be assessed, ie. with assignments, diaries, observation, post-conferences and verbal conferences.

Dolina's general impression of the interactions at this meeting was that; some faculty were using the objectives from the old curriculum because they didn't seem to understand the new objectives, and the group seemed to be working
together to make the system work. Dolina also realized that she was the one who had first introduced the term "critical component", which had been responsible for a great deal of confusion.

**MEETING ABOUT MARKS HELD AT THE DEPARTMENTAL LEVEL:**

Seventeen teachers attended that meeting. They included Ms. Callio, Candice, Dolina, all teachers within the first year of the program, three science teachers and the person responsible for student admissions. The average mark for Nursing theory was comparable to past averages for Nursing theory. The meeting took three hours and twenty minutes to consider fifty-five students. The teachers thought that it was about one-half to one hour longer than usual. Three borderline students were discussed for more than a half hour each. Three students were recommended to fail and terminate, two students were recommended for a provisional pass, and two borderline students were recommended to pass.

At that meeting faculty concerns regarding the pass/fail system centered around, 1) issues regarding the critical behaviors, 2) how to communicate a student's level
of ability, 3) use of the evaluation instrument, 4) concerns regarding the student who does well clinically and poor theoretically, and 5) the question of provisional pass. These concerns will be described using comments made by faculty. No decisions were made at this meeting regarding the expressed concerns as this was not the purpose of the meeting.

1) Critical Behaviors:

Some of the "starred" critical behaviors were not performed by students and the teachers did not know exactly how this should be handled because originally there had been two points of view with no consensus -- those who believed that everything on the form should be critical, with the total picture assessed at the end, and those who felt there should be some critical behaviors which a student must pass to avoid failure.

Punctuality was a problem with this student. I told her that I'd have to bring it up at this meeting. The student said, "Does that mean that I may fail?" I said that I didn't know what the committee here would decide.

This group of students did not all meet the starred behaviors for nursing process objectives but some of them did well otherwise.
this student failed three critical components but I feel that she should pass.

Punctuality shouldn't be starred.

2) Communication:

How do you communicate how well or how poorly someone does when for so long grades have been used and are understood by so many?

The evaluation instrument is a new measuring device and as such it is still unfamiliar so people are still relating back to grades. It seems analogous to how people operate with the metric system, still thinking in terms of feet and inches.

One teacher had been talking for about six minutes regarding a student's lack of responsibility when another teacher asked her, "Is she a weak pass?" The other teacher responded with, "No, I would have given her about a 70%". Other teachers made comments in terms of grades also, for example: This student performed at about an 80% on the old scale.

If I was giving her a grade I'd give her a 50% but just a 50%.

One teacher told her students to rate themselves in terms of grades as she had decided that four out of five
were "A" students. She stated:

They didn't want to do it but I insisted, and then I pencilled in "A" beside the "Pass" on the form.

3) **Use of the Evaluation Instrument:**

Four out of seven teachers referred directly to the objectives on the evaluation instrument when speaking about student's performance; the others did not refer to any of the objectives but simply described various student behaviors. It appears that the instrument is new and either unfamiliar or not completely practical.

4) **The Student who does poorly theoretically but performs well clinically:**

The student now only receives one mark for theory on her transcript. If she has done exceedingly well in the clinical area, yet poorly on her written exams, only her poor mark appears on the transcript. The teacher's comments on the evaluation form can reflect the performance but nothing appears on the transcript. The following comments typify the concerns expressed by the teachers:

This student received a 69% in theory. Her theory mark does not reflect her clinical work. She is a beautiful nurse and gives beautiful care.
This student only received 67% in Nursing Theory but deserves a 90% in the clinical area.

This student with 64% in Nursing Theory rates a high clinical mark in relation to how she kept and maintained the dignity of patients.

It is not fair for the student who does well clinically and poor theoretically.

It may be that a system should be devised whereby the student is given credit on the transcript for doing well clinically. It may also be worthwhile to look at the Theory exams more closely to see if they are testing what nurses want tested.

5) Can students still be given a Provisional Pass?

In the past one could recommend that a student fail the clinical objectives but be given a Provisional Pass. This meant that the student would pass if she did well in the next term, but would fail both terms if she did poorly in the next term. Teachers were asking if this could still be done. No answer was given but they decided to try it and see if the Divisional Marks Committee would process it.

In summary, there were concerns and questions that still would have to be discussed as well as possibly more work to be done with the evaluation instrument. There were
no comments voiced about how good or bad this system was and Dolina was very aware of this. The feeling tone of the meeting seemed positive but certainly not exuberant in regards to the system. Several teachers had approached Dolina and stated that they were personally happy to have a pass/fail system. Candice had even stated,

I think faculty are just delighted to have this system.

MEETING ABOUT MARKS HELD AT THE DIVISIONAL LEVEL:

The Divisional Marks Meeting was chaired by the Director of the Health Division. Five leaders were in attendance including the leaders of Psychiatric and General Nursing. The Registrar was absent. The first year Nursing Coordinator presented the Marks by using overheads which is standard procedure. All recommendations presented were accepted. One student who had failed Physical Fitness was advised to have a special pass, while the Nursing faculty had suggested that the course be taken again by the student. One person on the committee asked the first year coordinator,

How is that pass/fail system working?
Are you happy? We've been thinking of trying it.

The coordinator responded with,

I think it has advantages and disadvantages.

She then listed two disadvantages.

It's hard with borderline students and students doing better clinically than theoretically.

Interestingly, the Psychiatric Nursing Department under the direction of the person who had been the leader of the Nursing Department when the proposal for pass/fail was rejected, now has a pass/fail system with a separate theory course with a mark appearing on the transcript, and a separate clinical course with pass/fail appearing on the transcript. She turned to the person who had asked the question earlier regarding the pass/fail system and said:

Pass/fail has worked out very well. It has been satisfactory as it has focused more on growth than evaluation. Some would like credit for those who do best so we're thinking in the future of a pass/fail honors system.
OUTCOMES:

Because this change is still unstable and untested the teachers involved are not yet prepared to make specific positive or negative statements regarding the merit or demerits of the pass/fail system for fear of making irresponsible statements that may be used for future decision-making. In stating the outcomes, Dolina looked at statements regarding the change made by teachers within the nursing department. She observed behavior, and recorded statements made by faculty at planning meetings for implementation of the pass/fail system as well as at the meetings about marks held at the end of the first term that the pass/fail system was in operation. Some of the statements made by faculty may point to the change as having been internalized by some and not by others. Dolina did not look at how the change has affected any of the students' perceptions of the problems. She simply looked at the process of the implementation and categorized the outcomes as positive or negative according to her perceptions from her vantage point within the organization.
Positive Outcomes:
The following observations seem to indicate that the change has had some positive impact upon the system.

- There is increased dialogue regarding evaluation on the part of some students and some teachers.
- Some students stated that some teachers were aware that teachers are concerned regarding the process of evaluation.
- Most faculty are continuing to attend conferences on evaluation.
- Many teachers are reading literature regarding evaluation methods.
- All faculty are looking at what it is critical for the student to "do" and are discussing this with one another though there is little agreement at this point in time.
- First term faculty came to consensus on the issue that all items on the evaluation instrument are critical yet left room for flexibility and judgment.
- Many faculty are becoming aware of one another's differences. This insight may be a starting point to work at getting closer together.
-All faculty have experienced a process where they have taken the initiative for most tasks related to the change. It is possible that some of these skills will be transferable to other situations.

**Negative Outcomes:**

The following events seem to indicate that the change has had some negative impact upon the system:

- Faculty initially were rigidly adhering to the critical behaviors concept and this may have made the system more rigid than the grading system, giving students negative perceptions of the pass/fail system.
- Faculty seem tired with little enthusiasm for the pass/fail system.
- Faculty are still struggling with the implementation process with no outside help.
- There has been some discussion regarding assigning more awards. Dolina was not sure if this is a reaction to the pass/fail system or not.
- Some teachers are using the grade informally, which may reinforce student's awareness that grades are desirable rather than excellent performance.
- With all the changes occurring within the
department the change to the pass/fail system may have been an added burden that has usurped the teacher's energy, ultimately detraacting from peak performance in the clinical area.

-The evaluation instrument is not utilized by all teachers and it may be that it is not understood, or that it is not a valid instrument.

SUMMARY OF THE PROCESS OF IMPLEMENTATION:

The pass/fail system with the new evaluation form had run for one term. There seemed to be no rumblings from the students but it is typical that first term students seldom voiced complaints. There must have been some apprehension regarding students' feelings about the pass/fail system as some teachers were fearful of having Dolina ask students about how they felt in regards to the pass/fail system. The evaluation instrument was being revised and the concept of critical behaviors asterisked (starred) was changed to have all the behaviors regarded as critical. The student who did well clinically was not receiving credit for it on the transcript and this was causing some concern. The teachers seemed to be able to work with the system but
there was still room for more understanding of the overall objectives as well as more dialogue about criteria for passing and for failure. It would have been interesting and valuable to hear actual comments from students regarding their perceptions of the pass/fail system. It was noted that the first year coordinator and the leader were reticent about expressing positive feelings regarding the system, and in expressing words of support to the group who were implementing the system. (Table III, page 98 outlines the activities carried out in the implementation process.)
ELEMENTS OF THE IMPLEMENTATION PROCESS:

April/78 - teachers under the direction of the Curriculum Task Force assessed the philosophy, aims and goals of the program.

April/78 - nine curriculum objectives were decided upon.

May/78 - a work force of three students and five teachers designed the framework for the evaluation instrument using the nine curriculum objectives. Purpose and Process of evaluation was discussed and a framework for purpose and process of evaluation was composed.

June/78 - first year teachers assessed what should be evaluated under each broad objective, and formulated "sub-objectives" or behaviors that expanded upon the broad objectives.

June/78 - discussion regarding critical behaviors with no concensus.

June/78 - critical components asterisked. These were to be the guidelines for passing or failure.

July/78 - front page or summary sheet of the evaluation form was delegated to the Curriculum Committee.

Aug/78 - decision was made as to how to use the evaluation instrument, and in conjunction with what data.

Aug/78 - evaluation instrument xeroxed.

Aug/78 - evaluation instrument circulated to students to be used with a diary of events to be recorded daily be students. Midterm and Final progress reports scheduled.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>Aug-Dec/78</td>
<td>evaluation instrument utilized for one term.</td>
</tr>
<tr>
<td>Dec/78</td>
<td>evaluation instrument revised to reword some sub-objectives, rearrange some objectives, and to eliminate the concept of critical behaviors.</td>
</tr>
<tr>
<td>Dec/78</td>
<td>students were to pass or fail after the &quot;total&quot; picture was taken into account.</td>
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CHAPTER V

ANALYSIS

INTRODUCTION:

To analyze the events that occurred within this College during the change to the pass/fail system of grading, a catalogue was made of the forces that influenced the rejection, the acceptance and finally the implementation of the pass/fail grading system. Twenty-nine forces were identified. Identifying these forces assisted in understanding the complexities of the process of change, but did not assist in an in-depth understanding of the interrelationships or patterns among the forces. Application of the elements of a one-to-one medical intervention paradigm did aid in understanding the interrelationships between the forces. The elements to be considered when assessing one-to-one interaction were listed as: 1) the composition and functioning of the body parts (hormones, organs and their interrelationships), 2) patient readiness, 3) affects of the personality of the doctor or nurse, 4) the treatment,
5) the time element, and 6) the manner of initiating treatment.

Upon close scrutiny of the forces, elements similar to those elements that one would consider in relation to the above one-to-one change emerged as themes. These themes were interwoven throughout the process of this change. These themes were: 1) the composition of the group, 2) the group's readiness for change, 3) the change agent's knowledge, experience and style, 4) the innovation itself, 5) the time for planning and intervention, and 6) the strategies used by the change agents. All the forces identified could be categorized in relation to these six themes, for these themes were the forces, over the process of time.

Thus, the many forces that influenced the outcomes of the change to the pass/fail system of grading, will be listed and discussed in relation to the six themes.

COMPOSITION OF THE GROUP:

Group Members:

The group was comprised of students, teachers, the leader, the director of the nursing department and the
administrators of the College. The students and teachers were primarily female. The leader was female while the director and the administrators of the College were male. As a group, these women were not assertive. It took many months, and years of problems before action was taken in regards to attempting to solve the grading problem.

Skills and experience of group members in initiating change.

Neither the students nor the teachers had been totally responsible for initiating and carrying out major changes prior to this situation. At the time of the acceptance of the pass/fail system, more teachers had been involved with planning for other changes within the department so they had gained some organizational skills.

The leader had primarily maintained the department in the past, so she too, had relatively little "change" experience.

Ability of the group to make decisions.

At the time of the rejection of the pass/fail system, even though many committees were in operation, the leader made the decisions. Whether the leader was absent or present the teachers were unable to set up the processes
for active involvement. The many committees that were operating with no clear-cut idea of what they were responsible for, or to whom, served to disorganize the group and diffuse their energy. At the time the proposal was brought to the group for their acceptance one year later, more teachers had been involved with the planning and decision-making, so they were somewhat more adept with these processes, yet still not proficient.

Size of the Group.

At the time of the rejection of the pass/fail system, there were over fifty teachers and 420 students while at the time of the acceptance and implementation the group size had been reduced to approximately thirty teachers and 240 students. There were thus fewer people by almost half which seemed to facilitate the change process at the time of the acceptance and may have facilitated the implementation process.

Number of resisters, versus the number of supporters.

At the time the pass/fail system was rejected there were fewer supporters of the pass/fail system and more resisters than at the time of the acceptance of the pass/fail proposal. At the time of implementation, there were few resisters and few active supporters, so the implementation
process was inhibited.

**Key people supporting and resisting.**

Mrs. Juno, the leader at the time the proposal was initially rejected, spoke out strongly against the pass/fail proposal, stifling further discussion of the issue. At the time the pass/fail proposal was accepted, Ms. Callio was the leader. She did not support the pass/fail innovation but neither did she actively resist it. She also was absent from the meeting when faculty voted to initiate the pass/fail system, so she did not impede the process nor did she facilitate the process. At the time of the implementation of the pass/fail system, neither the leader, nor the group members offered praise or support to the teachers who were implementing the pass/fail system.

**Interpersonal dynamics within the group.**

Some teachers in the past had supported or resisted issues on the basis of the person who presented the issue, or who spoke out in support of the issue. If they did not like the person, they would not support the issue even if they were philosophically in favor of it. This was not observed during this process, except at the time of the acceptance of the pass/fail proposal. At that time, two
teachers expressed that they were not completely in favor of the pass/fail system, but they suspected that Ms. Callio was "against" it, so they were "for" it.

READINESS FOR CHANGE:

Physical Setting:

For years, prior to the rejection of the change, faculty and students were highly mobile, were used to being scattered over several campuses for classroom and office facilities and seldom saw one another. This made it difficult to get to know one another personally, to know more about what others were thinking, or where others stood in relation to certain issues. At the time of the acceptance of the pass/fail proposal, the teachers had moved to new offices on the same campus, and all classrooms were in the same building on the same campus, so students and teachers became more familiar with one another. This socializing allowed teachers and students to become more assured of how others felt about certain issues. Also, the smaller faculty and student group size made it easier to get to know one another.
Group Morale:

The morale of the teachers was low. The group was suspicious and hostile which meant that initially the group was not receptive to making changes, and the group resisted any more change. Later, at the time of the acceptance of the pass/fail system, the climate had worsened, eroding the will of the group to resist, making it easier for the change to be accepted. At the time of the implementation of the pass/fail system, many teachers were tired, angry, suspicious and hostile towards the leader and towards one another. Groups were organizing to revolt against the leader which caused "sides" to be drawn and energy reserves to be wasted.

Union:

The formation of the union with emphasis on participatory management, election of leaders, and decision-making via committees led to a feeling of security by teachers allowing them to feel free to speak out on issues. At the time the pass/fail system was accepted the union had been in operation longer and the teachers knew they had the support of their union leaders. This may have facilitated the change process, for faculty felt it was "safe" to express their own views. But, it may also have inhibited the change
process as it made it easier not to collaborate and invest energy in establishing a relationship with the leader of the nursing department.

Management:

The administration of the College gave faculty permission to release the three teachers (change agents) to work on the curriculum. This also gave the change agents time to work on a plan to initiate the pass/fail system. The administration of the College cancelled one group of students so that teachers within the first term could assist with the plans. Thus, though they were not personally in favor, or against the pass/fail system, they encouraged a system that would be acceptable to students, teachers and the leader.

Other issues, tasks and activities facing faculty:

The timing of the presentation for the pass/fail system, when Mrs. Juno wanted all attention on her presentation for a new organization, was a disaster and played a large part in the failure of the group to accept the pass/fail proposal. Also, faculty were expressing concerns that there were too many changes. They then began to resist "any" and "all" changes. At the time of the acceptance for
pass/fail system, these many changes served as an impetus to get the group to gather some of its own resources and to attempt to sort out some of its own problems. Experiencing many changes, served on the one hand to detract from the change and at a later date to facilitate the change. The issue of the major curriculum change was used to its advantage by the change agents at the time of the acceptance (this will be discussed later). By the time that implementation of the pass/fail system occurred, faculty were once more expressing symptoms of fatigue. Thus, once more, the same event served at one point in time to impede the process, at another point in time to facilitate the process, and at another later point in time to impede the process again. These were extensions of the same events happening to the same group of people.

**Student Pressures:**

There had been student pressures prior to the rejection of the pass/fail system but they had not been experienced by the teachers and the leader to the same extent that they were to be experienced at the time just prior to the acceptance of the pass/fail system. Student pressures continued to escalate. The pressures peaked with
an article in the student newspaper just prior to the time
when the pass/fail proposal was presented and accepted.

**Outside Pressures:**

Initially, some teachers perceived that employers
and universities would not accept a pass/fail clinical grade,
so the pass/fail system was resisted. Later, teachers
became more aware that employers and universities would not
exclude entry to student nurses who were graded with a pass/
fail system for their clinical experience. The outside
pressure from the nursing association at the time the pass/
fail system was accepted provided the incentives for the
major curriculum change of which the pass/fail system became
a part.

**THE CHANGE AGENTS:**

**Experience and Knowledge:**

Dolina and Lorinda believed that if they could show
in a written report that there was a long-standing problem,
and if they could then offer a solution (backing up the
solution with data from the literature), faculty would
support the solution, someone else would set up a process
for implementation, and they, as the change agents, would be
highly thought of for their part in the process. In retrospect, they did not understand even the simplest dimensions of the change process. They did not prepare or plan for the innovation to be realized if the plan was accepted, nor did they consider that the proposal might be rejected. On the other hand, the three who took on the responsibility for proposing the change at the later date were aware that a system had to be set up for implementation, and aware that strategies had to be employed to get acceptance for the proposal. At the time of the implementation there was no longer a small committed group responsible for implementation. The first year teachers of the first term were responsible simply because they would be the first ones to apply the pass/fail system to the new group of students.

**Change agents' perceptions about their role:**

Dolina and Lorinda perceived that they did not have the skills to follow through with the change so did not even consider taking on this task. Neither person transferred past knowledge or skills to this situation. Andrea, Alice and Ann perceived that they did have the skills and they perceived that it was their job to bring in a new
curriculum of which the pass/fail system became a part. It was easier to assume the leadership, for the task of planning and implementing a new curriculum was delegated to them by the leader, the faculty and the administration of the College.

Position of the change agents within the organization:

Dolina and Lorinda were two teachers that perceived they had no power within the organization. Neither was their position within the organization powerful. At the time of the acceptance for the change, the leader had delegated the authority to the three new change agents to bring in the curriculum changes. The leader had also directed the faculty to support the three change agents (Andrea, Alice and Ann).

Personality and operating style:

The group's perception of Dolina and Lorinda may have been an inhibiting factor in initiating the change at the time of the rejection of the pass/fail proposal as Dolina and Lorinda had maintained a relatively high profile in the past. The three people who were to be the successful change agents were quiet softspoken people who had faculty's support and had maintained a low profile in the past.
THE INNOVATION:

The history or background of what is to be changed:

Despite eight years of evidence gathered by the teachers and students, the administration refused to support and institute the change until other forces changed and faculty took the initiative in implementing the change.

The School's long-standing practices and policies:

The College used the grading system as a standardized approach to evaluation. This was perceived initially by the teachers as a barrier to instituting the change. Later, by the time of the acceptance, teachers had information about other departments that used the pass/fail system, within this very College. At the time of implementation many teachers had no familiarity with any system but the grading system, so they did not know how to relate to students except in terms of giving the rewards of grades.

The complexity of the innovation:

The teachers did not perceive that the implementation of the pass/fail system would be as difficult and complex as it turned out to be. Dolina requested that a consultant be contacted during the implementation process
to no avail. The change agents had difficulty: 1) getting teachers to vent feelings and express ideas in a constructive manner, 2) determining the critical competencies, 3) making decisions regarding critical competencies, 4) applying the pass/fail system with students, 5) designing the summary evaluation sheet and system for the transfer of records, and 6) ensuring the final acceptance of pass/fail through the hierarchy. The support systems were excellent for the typing and duplicating of materials. At the time of implementation those teachers that seemed to have the hardest time applying the system were the teachers who had not been exposed to a pass/fail system.

TIME:

Time to plan:

Students and teachers had a high number of hours scheduled each week which occupied much of their time and inhibited the ability to organize to make changes. With the new contract, faculty had one month a year to plan and to prepare for teaching, so they had more time to pursue other interests. Dolina and Lorinda did not have much time free to prepare for presenting the proposal to change to the
pass/fail system. At the time of the acceptance of the proposal, Andrea, Alice and Ann had been given three months time to plan for a new curriculum, and more teachers had time to assist because one class of students had been cancelled. At the time of implementation, many teachers were away on summer vacations, and only three weeks time was available from the time of final acceptance to the time of implementation.

Time for the forces to build:
Over the months, students and teachers' complaints gained momentum leading to an increased awareness of the problem, and increased motivation to do something.

Time for the change to be realized:
At the time of the implementation of the pass/fail system, time was needed to experiment, to make mistakes, to reorganize new patterns of behavior.

STRATEGIES:

Support of key people within the organization:
Dolina and Lorinda did not have the support of the leader, nor did they enlist support from key people or "influentials" within the faculty. Andrea, Alice and Ann
did not need to enlist the support of the leader as the leader had given verbal support to their activities centering around the curriculum change. They should have enlisted the support of the leader especially at the time of the implementation of the pass/fail system.

Utilization of the forces:
Dolina and Lorinda were not aware of the forces, and thus they did not utilize any forces to their advantage. Andrea, Alice and Ann utilized the forces of the curriculum change, student pressures, time for increased awareness, approval from the leader, the rewritten evaluation report, the absence of the leader from the meeting, faculty's low resistance, the desire of Candice to be the curriculum coordinator and the three months planning time to their advantage.

Involvement of faculty in the identification and solution of the problem:
Dolina and Lorinda received information from faculty but did not involve all faculty in the identification and solution generating processes. At the time of the acceptance for the proposal, teacher comments from the faculty meeting had been considered by Dolina in the rewritten report.
Andrea, Alice and Ann, as well as many other teachers, had access to this report. Andrea, Alice and Ann also received faculty's ideas by soliciting letters from faculty regarding the issues. By this method all faculty could participate if they wanted to, without the pressures that occur within the larger group.

Verbal Presentation:

Dolina and Lorinda did not plan a strategy to present the pass/fail proposal to faculty. They presented a poorly-written report and could not facilitate group processes well enough to get all teachers participating in the dialogue about the pass/fail system. Andrea, Alice and Ann planned a strategy for their presentation. They had the well-written evaluation report that Dolina had rewritten with clear statements of the problems, as well as the choice of many solutions.

Plan for Implementation:

Dolina and Lorinda had not planned for how to implement or who should implement the pass/fail system if faculty accepted the proposal. Andrea, Alice and Ann had planned for who should implement the pass/fail system; however they did not set up systems to ensure the
implementation of the pass/fail system.

LIMITATIONS OF THE STUDY:

It may be difficult to follow the position of the author in this study as it moves from phase to phase. I was an active participant until June, 1978 when I went away on holidays and a year of educational leave. The analysis, using Havelock's model, was done in retrospect. However, the author was "there" as all the events were occurring. Because of being an observer at the same time as a participant in the process, it is difficult to be objective. However, a conscious attempt was made to record and assess all data that I believed was pertinent to the study. Some information was not included as it seemed too personal, yet to someone else analysing the study it may have been very relevant data.

I don't have an accurate idea of the degree to which certain interactions influenced the change. I saw, heard, read, and felt some of the happenings but I couldn't accurately state the exact degree or weight of each happening in relation to the outcomes.

Because there were many changes occurring at the same time that the pass/fail issue was being presented it
was most difficult to assess the elements influencing the pass/fail issue directly. It is also difficult to assess outcomes of the change to the pass/fail system as there were drastic changes within the organization, the curriculum and clinical setting.

There is little data about the national context or the influences of the community as I was not in a position to gauge this dimension.

The author was unable to get the viewpoints of the students in regards to evaluating whether the change was indeed implemented and this is a serious omission but it was a necessary one due to the request of the teachers. The group has not had time to realize the change, so any data regarding implementation must take this into consideration.

Athos and Gabarro (1978) talk about a person who studied a thirty-minute interaction for four years which shows that an analysis can go on and on, but at some point one must decide when one has included the essential elements. I believe that I collected the data essential for describing and analyzing this process.
CHAPTER VI

CONCLUSIONS

INTRODUCTION:

This study addressed two questions in relation to the change process. They were:

I. What forces led to the teachers' acceptance of the pass/fail system after they had initially rejected it?

II. What forces impeded and what forces facilitated the implementation of the pass/fail system?

The answers to these questions generated by this study are drawn from the six themes identified in the analysis section. They will be presented in the following paragraphs. In the discussion section which concludes the chapter, the answers will be compared to the findings cited in the study of the literature on change in Chapter one.

Each of the six themes of influence described in the previous chapter contributed to the teacher's acceptance of
the pass/fail system.

I. The Forces of Change Organized into Six Themes:

The Composition of the Group:

The composition of the group changed so that the resisting leader was replaced by an accepting leader who did not actively resist the pass/fail proposal. While she did not actively support the pass/fail grading system she did not oppose the change at the meeting when the proposal for the pass/fail system was presented to the faculty. The group size was reduced almost to half the size which meant there were fewer people to change.

The Climate:

The climate of the group changed to make the group more ready to act. The group members had more experience in initiating change and had become somewhat more adept with their decision-making processes even though they were still not proficient. The physical setting changed to allow more people to be physically closer so that teachers communicated with one another more, and knew where they would or would not get support. The union, by placing emphasis on participatory management, encouraged faculty involvement.
At the same time however, it discouraged collaboration with the leader. Student pressures had escalated and peaked with an article in the student newspaper. The most crucial factor seemed to be that the planning group had little energy to oppose a change since the curriculum crisis within the department was eroding the group's will to resist.

The Change Agents:

The successful change agents and the faculty perceived that the change agents had both the ability and the power to make the changes. The successful change agents had been delegated the authority by the leader to design and implement a new curriculum which they used to the advantage of the pass/fail system. The successful change agents had a different operating style from the unsuccessful change agents in that they were more low key and this facilitated acceptance by the group.

The Innovation:

Faculty had heard more about the pass/fail innovation. They had heard that many of the teachers within their own group had used the pass/fail system of grading. These teachers did not have problems gaining entry into University. They also had heard that their College
believed that the pass/fail system could be incorporated.

**Time:**

The change agents had more time to plan, and time to assist with the implementation of the pass/fail system. The members of the group had more time to participate in the decision-making. Another year had passed, allowing more time for the supportive forces to build and awareness to occur.

**Strategies:**

The strategies used by the successful change agents were appropriate to the situation. They involved all faculty and had access to the rewritten evaluation report which clearly outlined the problem and presented several solutions. Earlier, the problem had not been fully understood and only one possible solution had been presented. The successful change agents had the support of key people within the organization. They had a solid presentation effort and utilized the pressures of the new curriculum to bring in the pass/fail system. They also had a plan for implementation and utilized many forces to their advantage. Their presentation was propitiously timed, occurring when the leader, who did not actively support or resist the issue,
was away, and when the focus of the group's concern was on another major change.

**SUMMARY:**

The forces influencing faculty to accept the change one year after they had rejected it were many and diverse. The key influences, however, seemed to be that the leader did not resist the change, the change agents had been delegated the authority to bring in a major curriculum change and they used this authority to bring in the pass/fail system at the same time. The group had lost their will to resist and the change agents utilized the forces for change.

II. **The Forces Impeding and Facilitating the Implementation of the Pass/Fail System:**

The pass/fail system agreed upon by faculty was implemented in August 1978, and ran for one sixteen-week term. Installing the system was not easy. Many forces opposed the implementation of the pass/fail system.
a) The Forces Impeding the Implementation of the Pass/Fail System:

The Composition of the Group:

The leader did not support the teachers or reward the teachers for any aspects of this change. This seemed to be the main impeding force, leading to a lack of enthusiasm on the part of the implementers. Also, the group members had never had experience with implementing a change such as this.

The Climate:

The teachers were involved with many other changes at the same time so the group had little energy to invest in making the change in student evaluation. An organized revolt against the leader served to split the group and deplete energy reserves.

The Change Agents:

There was no delegated, small, committed group responsible for the change.

The Innovation:

The teachers did not understand the complexity of the change, nor did they have the skills needed to implement the change. For instance, they lacked the skill in
evaluation to know what components would be critical in any instrument they developed. They needed skills in facilitating group processes to enable people to air their views, and to solicit ideas from the total group. They needed a leader at the time of the implementation process, or effective decision-making processes. They did not have either one.

Time:

The group had only three weeks from the time of final acceptance to the time of implementation. This was not enough time to get everything organized and people prepared.

Strategies:

Because there was no small, committed group to be responsible for the implementation of the pass/fail system, the small group of teachers who were to use the pass/fail system for the first time also got the task of following through with the implementation. They had no strategies for implementation other than trying to get the evaluation instrument duplicated and circulated to the students. They received no assistance in learning the new roles, and many had no idea that the innovation would require them to learn
new roles for dealing with students.

b) The Forces Facilitating the Implementation of the

Pass/Fail System:

The forces that facilitated the implementation of
the pass/fail system were fewer in number and lesser in
potency than those impeding implementation.

The Composition of the Group:

The teachers had the will or drive, to change
the system.

The Climate:

The teachers wanted to try the pass/fail system.

The Change Agents:

There was no small, committed group responsible for
the change, so this was not a facilitating force.

The Innovation:

Initially, a group had been given time to assist with
the implementation, and a lot of work had been done (eg.
designing the evaluation instrument, deciding upon nine
broad curriculum objectives, discussing the critical behaviors,
purposes and processes of evaluation, and discussing the
philosophy, aims and goals of the program). The curriculum
committee had agreed to help by designing the front page of the evaluation form including the summary sheet. The new curriculum allotted more time for student-teacher contact and reduced the student expectations so it was easier for teachers to be more relaxed with students and to allow time for a relationship to develop. These forces, however, were insufficient to completely overcome the obstacles of resistance.

SUMMARY:
The pass/fail system had been in operation for one term and the teachers were struggling with it. There were few forces facilitating the implementation process but many impeding it. The major impeding forces were that the teachers received no support or rewards from key people. The leader seemed to be the one from whom people needed support and praise. The teachers did not have the experience or skills to carry out certain tasks efficiently and effectively and no assistance was offered. The major facilitating forces were that the group had been given permission to implement the pass/fail system and many of the tasks had been completed prior to the date of implementation.
DISCUSSION

Inferences from a study of field events are viewed with scepticism because the variables really cannot be controlled. The fact that the rejection and acceptance of the same innovation occurred within the same institution involving two different change agents and two sets of strategies makes a comparison possible. The changes in the time element alone, however, changed the organization so that it no longer resembled the organization of one year before. Thus, the findings from this study will be related to the literature so that as case studies grow in number, it may become more appropriate to draw inferences.

The Six Themes:

The six themes identified within this study relate closely to Bolam's (1974) three categories of the user system, the innovation system and the change agent system. They also relate closely to Dalin's (1978) four categories of the educational setting, the environment, the innovation and the change strategy. The difference between the six themes identified in this study and Bolan's and Dalin's categories is that the dimension of time was added and the
change agent and strategies were separated from one another. By including the dimension of time as a separate variable it allows one to take more into consideration and allows for a more refined selection of strategies. Time may affect the plans, the climate, and the time to implement or intervene which may in turn affect one's choice of strategies. Within this situation, the change agent's personality, skills and position, did affect the outcomes. It also had an influence upon the strategies that were chosen by the change agents. Thus, it was more appropriate to look at the change agent separate from the strategies when the change agent is inside the organization than when outside the organization, for roles of the change agent within the system may be quite ingrained and difficult to change. Sieber (1974) states that it may be appropriate to apply the model of individual intervention to the intervention of the change agent and I would certainly concur with this. The themes that emerged from this study are similar to a model of individual or medical intervention.
The Composition of the Group:

The literature emphasized the importance of the support of the leader. This was verified within the study, for though the leader did not actively support the pass/fail innovation, she did not resist it and when she did resist it, the change was not accepted.

The Climate:

The literature is deficit in relating how the climate affects strategies and in relating how to change the climate. In the study, timing and climate were key forces that influenced the outcomes. Poor timing was a key factor in the failure of the group to gain acceptance for the pass/fail system. Presenting the proposal at the same time the leader was presenting a proposal for another matter, of importance to her, proved to be disastrous. Similarly, presenting the proposal later, when the leader was replaced and when the group had reached a state of readiness, proved beneficial. Crisis, which is stressed in the literature as a key factor in getting a change initiated, did play an important role in facilitating the acceptance, but it also impeded the implementation process. Good leadership, problem-solving ability and experience with change, all emphasized as
important requirements for successful change, proved to be important in the process of changing the evaluation system. The literature shows that support from the leader is important and in this case study the lack of support at the time of implementation proved to be very debilitating to the group. It is interesting to note the influences upon climate in this study. Equipped with a knowledge of how the influences upon the climate change it, one may be able to control the group's attitude toward a proposal and their willingness to adopt it. In the situations involved in this case study the physical setting influenced the climate, and the literature does not speak specifically about this. When people were located in offices apart from one another they were unable to discuss issues and gather support; it wasn't until the offices and classroom space became centrally located that people began to relate more to one another and organize. Another factor seldom if ever mentioned in the literature, is how other organizations such as unions affect the climate and readiness of a group. It was especially interesting to note that on the one hand the union's influence positively affected the outcomes by allowing faculty to become more involved in the
decision-making processes, but on the other hand it 
negatively influenced the outcomes by making it easier not 
to collaborate with the leader. The number of other tasks 
facing faculty, and the pressures --from students within, or 
from governing bodies without-- also affected the climate. 
Outside pressures are discussed in the literature, but there 
does not seem to be much emphasis upon the role that tasks 
and pressures play upon the group's readiness for change. 
The fact that this setting is a nursing program within an 
educational institution may affect the character of this 
organization. Simpson and Simpson (1969) state that women 
in nursing have a lack of power because they are women, have 
tended to be handmaidens of the men who are in authority over 
them and have learned to do what is expected of them within 
a bureaucratic organization. They state that often nurses 
hate to risk friendly relations with co-workers for the sake 
of autonomy and power. Corwin (1961) states that nurses 
are caught up in the struggle between the structural demands 
of their environment and the competing forces pulling them 
toward a more expanded role in the health care system. How 
much this suggested identity confusion influenced the course 
of events is difficult to determine.
The Innovation:

It was stressed in the literature that many innovations fail because insufficient guidance is provided on how to conduct the implementation. The fate of the innovation described in this study is still hanging in balance mainly because faculty do not know how to implement, and because the leaders offered neither rewards nor support to faculty. It also seemed that the leader was the person from whom the group wanted rewards. As the literature also predicted, the pass/fail change turned out to be a larger and more complex change than the group had anticipated, which impeded the implementation process. Although the literature emphasizes that if the cost is high, it is more difficult to get support for a change, cost was not a deterrent in implementing a pass/fail system.

Time:

The literature does not emphasize the importance of the time factor except to say that change takes longer than one thinks (Caskey, 1974; McNally, 1974). No one seems to relate the time factor to the climate and to the strategies that one may use. I suspect that these influences played an important part upon the outcomes.
Strategies:

The three major strategies that the literature emphasizes (communication, collaboration with the leader and participation of many people) can be seen to be important from this study for, though the change agents who were successful did not collaborate actively with the leader, the leader had given her verbal support by charging them to conduct another change which ended up to include the pass/fail system.

It is of interest to note that during the period of this study two other major changes occurred which were successful. A major curriculum change was commandeered by the outside nursing accreditation body and was managed by the same three change agents who got faculty approval for the pass/fail system. They had the support of all members within the organization. Motivation was high, for failure may well have meant termination of the program and termination of employment for the nursing teachers. The other major change was a reorganization whereby the department was split into two new departments each with its own leader. This change was instituted by the acting leader who came in for one year, created a new department
and became head of it. There was some pressure for a new department from within the one faculty group and from outside educational consultants who suggested two departments as a way of separating the two philosophically different groups. Most of the pressure for reorganization, however, came from the leader. At the end of the study the morale and enthusiasm seemed to be higher in regards to the curriculum and reorganization change than in regards to the pass/fail change. Another study would need to be conducted to assess the dynamics before any conclusions could be made as to the differences between the changes and the influencing forces upon the other two changes.

**SUMMARY:**

This study was a case history of an actual attempt to make changes in the program of an institution. The pattern of events included two attempts to gain acceptance of the pass/fail system from the faculty of a nursing institution, and one full attempt to implement the change. This range made a thorough study of both events and strategies possible. Analysis of the case history showed that six major themes of influence could be traced through
the events. These themes became the basis of the conclusions. The conclusions were discussed in relation to the strengths and deficits of the literature on change.
## APPENDICES

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A TYPICAL STUDENT/TEACHER WEEK:

In the average school week students have thirty-five structured hours of activities and teachers have approximately twenty hours, so the week is heavily scheduled. A typical week for teachers and students begins with two to three days at the hospital which means that the student is at the hospital by 7 a.m. or 7:15 a.m. and, after changing into a uniform, is ready to receive her patient assignment for that day. The teacher is there earlier, to make up the patient assignments in conjunction with the nursing staff.

While the ward staff are ultimately responsible for patient care, the teacher is responsible for assigning students to patients who the students can "safely" care for. Each teacher has approximately ten students, who may be scattered on different wards. A student might be assigned as little as one patient or as many as eight patients depending on his or her progress in the program.

The day is spent by the student in collecting data needed to give care to the patients, by caring for the patients, and by reporting and recording the information regarding the care given. The teacher spends the day assisting students to collect pertinent data regarding their patients, assisting students with procedures that the students are unfamiliar
with, or that the teacher is hesitant about leaving the student alone with. The teacher usually has a system of recording performance observed on a day to day basis, and much of her job is communicating with the ward staff to assist to make the environment conducive to student learning.

The last two to three days of the week are spent in the classroom with lectures or labs. This is when the main theoretical component of Nursing is taught. Students have a one to two hour seminar each week where ten to twenty students gather with one teacher to discuss the events of the clinical experience days or ask questions. Students can arrange to meet teachers for individual sessions, however students have complained that teachers are usually at meetings when they come.
Appendix B

GRADING SYSTEM:

Students are assigned a mark for the theoretical component of the program each term, based on written assignments and results of midterm and final exams, most of which are multiple choice exams.

A clinical mark is assigned at the end of each term also. This mark is assigned by the teacher on the basis of the observations of student performance in the clinical area, student input, and in some cases, feedback from hospital or community staff. Each of the eight terms has an evaluation instrument with different objectives and means of rating the objectives.

Marks are finalized by a screening procedure where all marks are taken to two large meetings: a Departmental Marks meeting and a Divisional Marks meeting. The Departmental Marks meeting is usually chaired by the coordinator and attended by all faculty including the leader. Each teacher has a list with all students' names and with the suggested marks assigned for theory and for clinical practice. Each teacher is given the opportunity to speak to each student's strengths and weaknesses. All students that receive an "A" average are referred for commendation,
and all students who are "borderline" are presented by the teacher in terms of the behaviors observed, for verification of the mark assigned. There are times when other teachers suggest that the mark be raised or lowered. The leader has stated that the average mark should be in the range of 60-65. One person then takes the data that has been recorded, as well as the students' names and marks to the Divisional Marks meeting. Here, there is representation from the three major Divisions within the Institution, as well as the Director of Health and the Vice-principal. Here a final decision is made regarding the suggested marks and recommendations submitted by faculty within the Department. A student may be recommended for failure and termination, for failure and continuation within the program or recommended to the committee for a provisional pass which means they may continue on with the understanding that if they do well in the next term they be allowed to continue, and if they do poorly they be advised to discontinue. A student who faculty request to fail, may, on the basis of data submitted to this committee be advised to pass. Votes are taken if a decision is not reached by consensus. This system was set up for the purpose of giving each student more than one "hearing" and as a support system for both teachers and students.
Appendix C

DATA COMPILATION BY CONSULTANTS

This document is part of a series of events which began with the request that the Centre for the Study of Administration in Education should assist them in overcoming some of the problems felt to exist in the department. The series of events planned at that time was as follows:

1) The Centre conducts a problem-identification workshop,

2) The data generated at this workshop is analysed in two ways:
   (a) by the process consultants who conducted the workshop,
   (b) by other members of the Centre acting as independent analysts,

3) The results of these analyses are fed back,

4) The Centre conducts a second workshop with the staff with the intention of generating solutions to the identified problems,

5) The Centre provides further assistance as needed.

The pages which follow are the result of events 1) and 2) above and are intended to accomplish event 3). They contain three major sections and it is important that the
differences between these sections are clearly understood at the outset.

Section I is quite simply a transcription of all the data generated at the workshop on July 29th. It is presented here partly to refresh some memories and partly to ensure a sharing of data which time did not permit at the workshop itself. Most importantly, however, it is given in recognition of our knowledge that these data belong to the people who generated them.

The wording of all items is as it was produced at the end of the workshop. For convenience some editing of format has been done, so that the ratings of agreement and importance which the staff assigned to each item can easily be seen.

Section II is a synthesis of the most important items presented in Section I. This synthesis was done in the following manner.

First, all items rated A-3 in importance were singled out and each was assigned a serial number. Second, these items were examined and classified so that those which seemed to belong together in some way were grouped together. These groupings were then re-examined several times and changed where necessary so as to yield a reasonably discrete set of categories. Finally, a summary statement for each
by the notation A=6, A=7 or A=8 after the group identification.) Each group first generated a list of statements representing what it felt were problems in the Department. These statements are reproduced verbatim in the following pages. Each group then examined its statements and decided for each statement how many members of the group agreed that the statement was in fact a problem. Where all group members were in agreement that the problem existed, the item was marked "A". Where consensus was not reached, the group recorded the number of people in the group for whom the statement did represent a problem. These decisions are recorded in the following lists under the heading "Group Agreement"—an "A" in that column indicates group consensus that the statement represented a problem, a number in that column shows the number of people for whom it was a problem. The next step was for each group to examine only those items designated "A" in the preceding phase and to determine the importance of each. This was done using a three-point system where "3" represented high and immediate importance and "1" represented high but by no means immediate importance. These ratings are shown in the last column in the lists.

A final activity at the workshop was for groups to
category was prepared which attempted to give the essence of all items in that category. This report presents both the summary statement and the items for each of the categories defined.

Section III is very different in kind from Sections I and II. It is the result of work by members of the Centre who acted as independent analysts of the data and who were specifically asked to interpret both the workshop data and information about the structure of the organization in whatever way they saw fit, and to arrive at ideas about possible courses of action.

In summary then, what follow are: (1) raw data, (2) synthesised data, (3) independent judgements about possible courses of action.

1) RAW DATA

On the following pages are the items generated by the staff at the workshop on July 29th.

For the convenience of any who did not attend the workshop, some explanation may assist in the reading of the raw data.

The staff were randomly assigned to seven groups so that each group contained between six and eight people.

(The size of each group is indicated in the following list
cluster their items in categories which seemed to them to
belong together. The results of that activity are referred
to in Section II of this report and need no elaboration at
this point.

2) A SYNTHESIS OF PROBLEMS

This section contains the results of an intensive
examination of those items rated as most important by each
of the groups participating in the July 29th workshop.
There were exactly one hundred of these items - all those
designated A-3 in Section I above. The purpose of the
examination was to see whether the one hundred items could
be clustered in definable categories. In other words, the
aim was to see whether a classification of the items would
reveal a small number of basic underlying problems of prime
importance.

An important point should be made here. For any
particular set of items--certainly for a set containing as
many items as we are considering here -- there is an
enormous number of ways of classifying the items. No
particular way is right, no particular way is wrong. Some
ways may prove to be more useful than others, but whichever
classification is eventually adopted will be adopted because
it seems useful, not because it is exclusively "correct".
The work done on July 29th gives a good example of this point. It will be recalled that as one of the final exercises in the workshop, each group was asked to make its own classification of all the items it had generated. It was clear that all groups had generated similar sets of items, but no two groups arrived at the same classification scheme. One group devised twelve categories, one devised ten, and another, eight. Three groups found seven categories (but very few of these were the same from group to group) and one group used five. Across all groups, twenty-seven different categories emerged, and of these, only five categories ("Leadership", "Communication", "Decision-making", "Curriculum" and "Physical facilities") were used by more than half the groups. While these five labels may be thought of as being important to a majority of workshop participants, it is perhaps more interesting to note the variety of classifications which were found useful by different people.

The classification presented on the following pages is different in a number of ways from the classifications prepared by the groups during the workshop.

a) It has been prepared by "outsiders". Whereas the classifications prepared by group members
were devised by groups of people sharing certain knowledge and insights about the Department of Patient Care Services, our classification is based on what the items said, and on our understanding of what are important features of organizations in general rather than of Patient Care Services in particular. We have tried to draw as few inferences as possible and to be guided solely by the words used by the groups which generated the items. In some cases a form of words which may have been very clear to the authors of the statement contained ambiguities for us who were outsiders and in these cases, we have not hesitated to place an item in more than one category.

b) It uses data from all groups. Clearly, the classification schemes devised by any one group at the workshop could use only the items generated by that group. We have had the advantage of seeing the items from all groups, and this may have permitted us to group items in different ways from those using only one group's data. We have made no attempt to remove
redundancies. Indeed, where several groups generated the same item, we took this as good evidence of unanimity between groups.

c) It uses only the A-3 items. In this sense our classification is a classification only of the "most important" items, whereas the classifications made at the workshop used all items. Clearly this has advantages in reducing the amount of data to be treated. It may also have the disadvantage that some items are ignored which should not be. We did check for this, however, by doing a rough classification of all A-2 and A-1 items, and found that these items did not appear to yield any further important categories.

d) It does not attach words as labels to categories. As noted above, the groups at the workshop used words as titles for their categories ("Communication", "Decision-making", etc.). In some ways, these labels channel the thinking of those who use them and inhibit a creative view of various problem areas. We have preferred not to channel participants' thinking in this way and have used simply roman numerals for our
categories. Those who read our notes may thereby feel free to use their own terms for each class of problems we have discerned.

Our classes of problems fall into three main groups. First are those statements of immediately discernible problem conditions which exist. To use a medical analogy, these might be thought of as "symptoms". Second are those statements which seem to attribute a cause to some or all of the symptoms and which are general statements representing (to continue the analogy) untested "diagnoses" of why the problems exist. These two classes we have labelled "A" and "B" respectively. The third and most important group contains categories which we have labelled I through XI. These are categories which speak to various areas of organizational activity which seem to be problematic. It is these categories which seem to us to represent the eleven underlying problems faced by Patient Care Services.

As a final note to introduce our classification, the format of its presentation should be explained. For each category we have listed the items in that category exactly as they were produced and have headed them "You said:". Below the items, we have attempted to summarize the essence of all the items in a brief statement of what we
take to be the underlying problem defined by those items. This statement is placed in a box headed "You seem to us to be saying:". Following these pages is a listing of all A-3 items, numbered sequentially and showing the categories into which each has been placed.
You said:

- Lack of planning for yearly events, e.g. approval reports--crisis scenes
- Constant changes
- Many changes at one time. No point is set (curric. structure) class content
- Constant coming and going of faculty
- Faculty expectations of leader not met leading to low morale: (a) attendance at dept. meetings, (b) issues presented in a threatening manner, (c) lack of ongoing faculty evaluation, (d) lack of contact with students
- Too many changes in a short period of time
- Too many changes too quick--curriculum--double intake-budget
- Disorganization of the department
- Lack of faculty group cohesiveness
- Conflict of interest, mistrust among faculty, staff society and management
- Frequent curriculum changes without time to evaluate
- Too many changes at the same time
- Unplanned change
- Don't anticipate potential problems therefore leading to crisis situations
- Excessive stress within the department
- Low staff morale, high frustration
- Constant crisis!

Our comment:

This is perhaps usefully seen as a list of immediate problem conditions or "symptoms" which are readily apparent--disorganization, crisis, change, stress, frustration seem to be key words.
You said:
- Lack of direction for our department
- Lack of leadership
- Lack of leadership in the Division
- Inadequate overall leadership
- Faculty expectations of leader not met leading to low morale: (a) attendance at department meetings, (b) issues presented in a threatening manner, (c) lack of on-going faculty evaluation, (d) lack of contact with students
- Lack of leadership
- Lack of leadership
- Lack of consistent leadership
- Lack of leadership
- Lack of management and leadership

You seem to us to be saying:

One "diagnosis" of our problems seems to be that they are attributable to a lack of something called "leadership".
You said:

- Lack of agreement on Nursing Philosophy, terminal objectives
- Lack of clearly defined level objectives for students
- Different expectations among the faculty of what the graduate of the program should be
- Priorities of Department not identified and no management system to see that those are carried out

You seem to us to be saying:

We seem unclear about our direction, goals or purposes. This lack of clarity seems to apply at both general and specific levels of our operation.
You said:

- Lack of planning for yearly events, e.g. approval reports--crisis scenes
- Many changes at one time. No point is set (curric. structure) class content
- Lack of adequate planning
- Implementation of semester system in Dept. 76 a problem--poorly planned
- Curriculum planning and co-ordination
- Unplanned change
- Don't anticipate potential problems therefore leading to crisis situations

You seem to us to be saying:

We undergo frequent changes in our operation and we seem to experience crises too often. These changes and crises seem to result from a lack of what we think of as "planning" or the ability to anticipate and prepare for both problems and recurrent events.
You said:

- Numerous committees functioning with no authority, no clear objectives and poor reporting back
- Lack of communication and coordination between the independent functioning groups
- Curriculum coordination inadequate
- Curriculum is in a mess--lack of coordination--one area makes changes but other areas unaware of change--lack of knowledge of curriculum development
- Coordinators are unable to do coordinating due to their other duties
- Nursing does not have enough control over curriculum in sciences
- Lack of liaison between different faculty groups
- Curriculum planning and coordination
- Lack of curriculum coordination

You seem to us to be saying:

Our operation involves several separate but interdependent groups, both in our committee structure and our curriculum areas. There is a marked lack of coordination between (and perhaps within) these groups.
You said:

- Leader doesn't attend faculty or inter-dept. committee meetings
- Management makes binding decisions before faculty approached for input--when input won't affect decision
- One person assigned a task and decisions for action made before entire faculty consulted (on matters that affect total faculty)
- Important issues not brought to full faculty
- Decisions made without consultation and faculty is expected to deal with resulting problems

You seem to us to be saying:

Faculty are not consulted about issues which affect them. This is particularly felt when a decision on such an issue is handed down to faculty who have to operate within that decision.
You said:

- Numerous committees functioning with no authority, no clear objectives and poor reporting back
- Management makes binding decisions before faculty approached for input—when input won’t affect decision
- Forced decisions without proper data
- Decisions re administration & curriculum made arbitrarily and unilaterally
- Being forced to make decisions too rapidly with insufficient and incorrect data
- Indecisiveness in decision-making as a faculty group in faculty meetings
- Decisions made without consultation and faculty is expected to deal with resulting problems
- Responsibility without authority
- No smooth machinery for implementation of decisions
- Decision-making too hasty without prior data (not sufficient data)
- Too much pressure and anxiety related to decision-making
- Responsibility without authority (faculty members)
- Inefficient delegation of tasks from top to bottom
- Lack of consistent authority for decision-making by faculty
- Lack of time and data before making major decisions
- Lack of clarity of decision-making process—who should be involved?—who should be informed?—who has authority for final decision?
- Having to make decisions without adequate data and time
- Authority and objectives of committees unclear
- Input into decision-making process not being utilized effectively
You seem to us to be saying:

Something is wrong with our decision-making structures and processes.
Deficiencies in the structures seem indicated by a lack of clear lines of authority and of specified areas of responsibility, as well as by a vagueness in terms of reference for committees and inadequate delegation.
The processes of decision-making seem to suffer from a lack of adequate time and data, from a non-use of faculty input and also from an apparent arbitrariness on the side of management and an indecisiveness in faculty group meetings.
The implementation of decisions which are made is not smooth.
You said:

- Numerous committees functioning with no authority, no clear objectives and poor reporting back
- Forced decisions without proper data
- Lack of communication and coordination between the independent functioning groups
- Unclear channels of communication
- Information communicated verbally may be true, false or incomplete
- Being forced to make decisions too rapidly with insufficient and incorrect data
- Curriculum is in a mess—lack of coordination—one area makes changes but other areas unaware of change—lack of knowledge of curriculum development
- Channels of communication lacking or vague
- Committee goals undefined
- Decision-making too hasty without prior data (not sufficient data)
- Information not dispersed adequately, management to staff level
- Communication from faculty to management may be heard but seemingly is not listened to
- Lack of time and data before making major decisions
- Lack of administrative communication regarding admin. staff leaves ahead of time
- Lack of feedback from upper echelon
- Lack of clarity of channels of communication—between departments, within departments
- Communication not from appropriate sources
- We go to support staff when we have procedural problems
- Lack of stable and uniform written and informal policies
- Channels of communication are confusing
- Faculty input has less weight with management
- Who is listening?
You seem to us to be saying:

Some of our difficulties in decision-making and coordination seem attributable to unclear or inadequate communications. Some things seem not to be communicated at all, others either too late or not sufficiently widely. Where the faculty communicates with management, it is not clear whether the message has been received or what consideration has been given to it. There seems to be a general sense of not being fully aware.
You said:
- No common time for faculty to meet
- Inappropriate use of coordinators' time—-not available for staff development
- Coordinators are unable to do coordinating due to their other duties
- Workload of coordinators unrealistic—too big
- Lack of time for planning
- No "common" time off for faculty

You seem to us to be saying:

Our utilization of time seems to create two kinds of impediment to the work of the faculty. First, it does not permit us to meet as a faculty for planning or decision-making. Second, it does not permit us to enjoy the special skills of coordinators since their workload is too full to allow them to discharge their coordinator functions adequately.
You said:

- Many changes at one time. No point is set (curric. structure) class content
- Lack of clearly defined level objectives for students
- Different expectations among the faculty of what the graduate of the program should be
- Curriculum coordination inadequate
- Curriculum is in a mess--lack of coordination--one area makes changes but other areas unaware of change--lack of knowledge of curriculum development
- Implementation of semester system in Dept. 76 a problem--poorly planned
- Frequent curriculum changes without time to evaluate
- Lack of evaluation (a) of faculty & personnel (from students and administration), (b) of program--change & clinical area
- Curriculum planning and coordination
- Lack of curriculum coordination

You seem to us to be saying:

The operation of our program seems faulty. It is characterized by a lack of coordination, by frequent changes, and by inadequate planning and evaluation of those changes. Perhaps basic to these features is the lack of agreement about (or specification of) the objectives of the program.
You said:

- No on-going evaluation for staff (for development)
- Faculty expectations of department head not met leading to low morale (a) attendance at department meetings, (b) issues presented in a threatening manner, (c) lack of on-going faculty evaluation, (d) lack of contact with students
- Lack of consistent accountability for finished product throughout the faculty (structure)
- Lack of evaluation (a) of faculty & personnel (from students and administration), (b) of program--change and clinical area

You seem to us to be saying:

We know neither how good our program is, nor how well we are teaching it. Evaluation which would lead to improvement or development is lacking.
You said:

- No job descriptions (written)
- Curriculum coordinator position not filled for one year
- The need for more management people
- No replacement people for coordinators or leader when same are away due to holidays or illness
- Administrative structure inappropriate for size of faculty
- Lack of clear job descriptions
- Some unsuitable people appointed to functional administrative positions
- Coordinators are unable to do coordinating due to their other duties
- Lack of job description
- Workload of coordinators unrealistic--too big
- No curriculum coordinator
- Lack of knowledge of the contract
- Lack of staff substitution relief
- Insufficient number of support staff
- Lack of clear job descriptions

You seem to us to be saying:

Staffing poses several problems in the department. Partly these have to do with the lack of sufficient regular staff to administer, coordinate and provide support services for a faculty as big as ours. Partly they have to do with inadequate provision of relieving staff in cases of temporary absence. Partly also they have to do with a lack of specification or knowledge of what staff members are supposed to do.
You said:

- Lack of physical facilities in clinical areas and on campus
- Inadequate physical facilities

Our comment:

On the surface these items are self explanatory. What exactly is meant, however, and what the effects of inadequate facilities are, are questions which perhaps need raising.
A REACTION TO THE DATA BY EDUCATIONAL CONSULTANT

I have not attempted to code or classify, in any systematic way, the statements and observations of the personnel. Another member of our team has done this; his analysis should, I think, provide a good picture of the nature and depth of the various "gut feelings" of the staff.

To provide a kind of supplement to that systematic analysis, I shall attempt to be somewhat interpretive of the various statements— to speculate as to what might be symptomatic of what, and to cluster items, not so much in terms of the words that are used, but rather in terms of what the deeper meanings of the words just might be.

I have identified eight major themes or generalizations which seem to me to characterize the climate of this organization:

i. a lack of a commonly held philosophy of nursing education or set of basic beliefs;

ii. a lack of (or directionless in) planning and program development;

iii. cumbersome and ineffective communication;

iv. a lack of procedural policies;
v. a host of minor irritants;
vi. a leadership void -- and an attendant demand for more administration;
vii. the lack of tolerance for ambiguity and change among some staff members; and
viii. a resentment among some (but not all) staff members of the personal style of the administrator.

Let me comment briefly upon each of these generalizations:

1. The lack of philosophy, a set of basic beliefs, a sense of direction though not expressed by many staff, seems to me to be manifest in many of their statements and probably underlies much of the unrest and discontent.

I suspect that several factors may contribute to this lack of commonly held beliefs: the institution is young; it may not have lived long enough to develop goals and norms. There are two major programs, one generalist-oriented, the other specialist-oriented; these may be in subtle philosophical conflict. Staff are highly mobile and so deployed in instructional and clinical tasks that they rarely come together as a unit; there is little opportunity for the
reconciliation of value differences.

Notwithstanding these and other contributing factors, however, one cannot but suspect that very little serious effort has been made to clothe the institution in a sense of purpose. For it is difficult to believe that the anxieties, hostilities and lack of morale that have been expressed by staff could flourish in a purposeful organization.

2. The directionless and sporadic planning and program development activities which are so unsatisfying to staff seem to flow inevitably from #1 above -- the lack of direction and purpose. Until staff have a clearer sense of and commitment to "what they want to do", they are unlikely to become enthusiastic about activities calculated to plan "how to do it".

3. There is ample evidence to suggest that communication is cumbersome and ineffective. The formal channels are unbelievably difficult; communication strategies are ineffective and poorly developed; the informal system is inaccurate.

Not surprisingly, the subjects of this communication system are suspicious and hostile.
4. **Procedural policies** (strategies for group planning and decision-making, procedures for personnel evaluation and performance reviews, etc.) are similarly non-existent, non-operative, or ad hoc. This generates feelings of uncertainty and discontent.

5. **Minor irritants** can be tolerated in a healthy organization; in not-so-healthy organizations they assume major proportions. In this case, such matters as physical facilities, scheduling, lack of job descriptions, committee structuring and functioning, excessive memos, and so on have become major irritants to staff.

6. A **leadership void** is apparent in the claims of staff as to how things function; it is manifest in the demand for more administration. The demand is probably misdirected. More effective rather than more administration is probably what is needed.

7. Some (though not all) staff, in their criticism of constant change and apparent instability in the organization, are probably demonstrating an **intolerance for the ambiguity** that characterizes growth, change and development. And this is probably indicative of differences among the work styles and preferences of staff. Apparently, such
differences are not being accommodated.

8. Some (though not all) staff appear to resent certain aspects of the personal style of the leader. This could be the result of any one of several factors: failure on the part of the leader to depersonalize and routinize certain rituals and procedures; inconsistent behavior on the part of the leader; the leader's relationships with various sub-groups; etc.

The question now is: What can be done to improve the situation?

I would speculate that most of the major problems identified above are attributable to just a few basic characteristics of the organization:

1. Its age. This Department has not yet had time to mature, to develop a sense of direction, and to establish behavior norms.

2. Its dual orientation. The Department has two major programs -- each of which follows a basic orientation quite unlike the other.

3. The adversary posture between staff and leadership of the Department: Lack of direction, a sense of being uninvolved, faulty communication, suspicion and so on flourish
in organizations in which staff see themselves as the adversary of management -- and in which leaders are inept in the administration of conflict.

If these speculations are accurate, it follows that:

1. Time is required for the organization to mature. But there is a difference between "maturing" and "growing old". To mature properly, the organization must be caused to acquire an identity; it must establish proper norms to guide the behavior of its members. And it must establish strategies for self-examination, growth and development.

2. The dual orientations ought to be re-examined. Perhaps the two are incompatible in a single organization.

3. Administration must learn to cope with diversity and conflict -- and make it productive rather than counter-productive.
STRENGTHS WITHIN THE DEPARTMENT:

In late 1977 a committee circulated a memo to faculty asking them to list the strengths of the Department. Twenty-four faculty responded. The committee categorized the responses and circulated a synopsis of strengths and positive features of the present organizational structure. Some comments referred directly to changes brought about by the new leader so I have included those later. The majority of responses were categorized under the following headings:

1) faculty 2) support staff within the Department 3) students 4) communication and relationships 5) committees and meetings 6) salary, benefits, professional development opportunities etc. 7) individual autonomy 8) amenities- office space, meals, mail etc. 9) library and audio-visual resources, classrooms etc. 10) clinical learning resources and 11) other. To expand upon these topics, two comments have been selected from each category which best typify the positive features of the environment:

1) Faculty:

- low turnover of faculty

- willingness of faculty to work and "get on with the job" regardless of the problem you are tackling, there is usually someone on faculty who can/will offer assistance.
2) Support staff in Department:

-well organized support staff able to meet requests for typing, xeroxing, supplies etc. promptly.

-positive response from support staff to numerous and varied requests e.g. information, supplies, rooms, telephone calls, short notice typing and xeroxing.

3) Students:

-we have an unusually high level of student performance and motivation. Screening process is "pretty" good. This could be enhanced but basically the process is good.

-student motivation and self-directedness.

4) Communication and relationships:

-faculty participate in decision making.

-Department Head is close to faculty i.e. office is close to other faculty.

5) Committees and Meetings:

-built-in safety factor regarding decision-making e.g. Marks Committee and Re-admission Committee.

-creativity is fostered by co-ordinators.
6) Salary, benefits, professional development opportunities etc.

- collective agreement - no quarrel with salary, benefits, educational leaves etc.

- professional development month allows time to develop your potential and maintain competency in your field.

7) Individual autonomy:

- flexibility of one's own time - can work at home or library. Can plan to work at individual peak times.

- Independence in work hours and program planning - responsible for one's own job.

8) Amenities - office space, meals, mail etc.

- office space for the most part satisfactory

- office supplies, pens, paper etc. - satisfactory.

9) Library and audio-visual resources, classrooms etc.

- classroom settings and equipment e.g. audio-visual, equipment for lab practice - good.

- library facilities are very good.

10) Clinical Learning Resources:

- clinical areas utilized provide good learning experiences.

- 1:10 student ratio very workable in clinical areas.
11) Other:

-the fact that the program has been in operation for so long gives us credibility in the community. The two year program seems highly respected by many in the community.

-ability to adapt to crisis situation.

Thus, as can be seen, there are problems within the Department, yet faculty have listed strengths. Unfortunately they were not described at exactly the same point in time so it is difficult to portray how faculty perceived the total picture.
QUESTIONNAIRE

Two faculty members are collecting data on the present clinical marking system.

Please complete the following form and submit to Lorinda or Dolina by April 7th, 1976:

Please indicate:

STUDENT: 1st Year:_____

2nd Year:_____ 2nd Year Psych._____

PSYCH. NSG. FACULTY:_____

REG. NSG. FACULTY:

1st Year:_____

2nd Year:_____

1. Are you happy with the present clinical marking system? Yes: No:

2. Give reasons for above answer.

3. Is there any other clinical marking system that you know of and/or would like to see implemented?
During April 1976, Dolina and Lorinda collected data on our present clinical marking system from both students and faculty of both programs. This resulted from a discussion that took place at a second year R.N. meeting. The following is the data that we collected:

- Number of students present in school at the time: 418
- Number of students who answered the questionnaire: 189
- Number of these students happy with the present clinical marking system: 28
- Number of these students unhappy with the present clinical marking system: 143
- Number of students undecided about the present clinical marking system: 18
- Number of faculty present in the school at this time: 50
- Number of faculty who answered the questionnaire: 43
- Number of faculty happy with present clinical marking system: 7
- Number of faculty unhappy with present clinical marking system: 33
Number of faculty undecided about present clinical marking system

Other systems suggested by both groups were:
1) pass/fail system
2) complete/incomplete system
3) A, B, C, D, rating system
4) 1st class, 2nd class, 3rd class, failure
5) exceptional performance, pass, fail
6) good, fair, poor, fail

The reasons given by the students for their unhappiness with the present system were:
1) Instructors don't see students enough to evaluate students accurately.*
2) Personality conflicts between student and instructor play too much of a part.
3) The present system puts too much pressure on students.
4) Theory is stressed too much.
5) Lack of consistency with instructors and their expectations.
6) Too subjective - depends on whether instructor likes you or not.

*It is interesting to note that number 1) was the reason most frequently given by students for their unhappiness.
The reasons given by the faculty for their unhappiness with the present marking system:

1) Too much competition among students now.
2) Different clinical situations with different opportunities.
3) Having to assign a mark detracts from focus on progress and student/teacher relationship.
4) Instructors' concepts of student's achievement levels differ.
5) Too difficult to determine accurate numerical grade.
6) Mark is too subjective.
7) Hidden biases.
8) Objectives not weighed.
9) Individual instructor's methods of assessment differ.
1. What kind of evaluation would you prefer?
   A) general statements about level of performance in clinical area
   B) assessment in relation to specific objectives.

2. What criteria are used to assess students' performance in the clinical area?

3. By whom would you prefer evaluation to be done?
   A) by the instructor
   B) by the student
   C) by both student and instructor

4. At what intervals do you now receive evaluations?

5. At what intervals would you like to receive evaluations?
   A) at the end of an experience
   B) midway in the experience
   C) both A and B
   D) more frequently than above

6. When would you like to be informed of the instructor's expectations?
7. By what method would you prefer to be informed of expectations?
   A) by written outline
   B) by brief discussion
   C) both A and B
   D) other (please specify)

8. What do you think the purpose of evaluation should be?

9. To your knowledge who uses evaluations and for what purpose? In your opinion who should make use of evaluations and for what purpose?

10. What is your understanding of the course of action you can take if you disagree with an evaluation?

11. What is your understanding of the reason for your signature on an evaluation record?

12. Are you satisfied with the present system of evaluation?

13. Have you found the present system constructive?

   What has been most helpful?

   What has been least helpful?

14. Please comment specifically and give recommendations about: A) Grade system, B) Content, C) Method, and D) other (specify).
SUMMARY OF FINDINGS from student and instructor questionnaires:

Responses: 1st year 62
           2nd year 68
           Instructors 15

1. Kinds of evaluation preferred:
   A. Some students preferred just general statements about level of performance.
   B. Most faculty and students preferred assessment in relation to specific objectives.
   C. A few selected a combination of the above.

2. Differences were noted in what criteria were thought to be used as a means for assessing clinical performance.
   Instructors:
   - 2/3 cited specific objectives as being the major criterion
   - 1/3 mentioned IPR and manual skills
   - 1/5 mentioned attitudes and patient teaching

   1st Year Students:
   - 1/3 said criterion were unknown
   - 1/4 said objectives were used
   - 1/6 responded with "instructors' observations" and "skills"
   - few cited IPR skills
2nd Year Students:
- almost all cited IPR skills
- 2/3 mentioned skill
- 1/3 mentioned course objectives
- 1/4 cited "personal opinion" and "dress"
- 1/6 mentioned knowledge
- 1/10 - attitudes (enthusiasm, "look on face")
- a few mentioned comparison to other students

3. Who should do the evaluating?

A. Both students and instructors:
   - 4/5 instructors
   - 3/4 first year students
   - 3/4 second year students

B. Instructors only:
   - 1/5 instructors
   - 1/4 first year students
   - 1/4 second year students

C. Students only:
   - no one

4&5. Intervals evaluations now given or received and preferences.

A. FACULTY
   - End of experience only 4/5 nil
   - Midway nil nil
   - Both of above 3/5 4/5
   - More frequently 1/5 1/5

B. FIRST YEAR
   - End of experience only 2/3 few
   - Midway nil few
   - Both of above 1/2 5/6
   - More frequently few 1/6
C. **SECOND YEAR**

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<th>NOW</th>
<th>WOULD LIKE</th>
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<tbody>
<tr>
<td>Midway</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>Both of above</td>
<td>few</td>
<td>9/10</td>
</tr>
<tr>
<td>More frequently</td>
<td>nil</td>
<td>1/10</td>
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6. **Time preferred to inform or be informed of instructor's expectations.**

- majority stated at the beginning of an experience
- 1/3 second year students and 1/6 first year students want expectations reinforced throughout the experience, especially mid-way. A few students specified more frequent information.
- very few faculty mentioned reinforcement throughout experience.
- responses for providing information prior to experiences were nil.

7. **Methods preferred for giving or receiving expectations.**

- both written outlines and brief discussions were preferred.
- a few students selected brief discussion only when it was qualified "in instructors own words"

8. **What should be the purpose of evaluation?**

- most seemed to agree that the overall purpose of evaluation is to outline areas for improvement in clinical performance (and hopefully as a "morale booster")
- Instructors equated "strengths and weaknesses" more than the students - 1/5 - 1/4 suggested it was a learning experience for the instructor as well as the student.
- For first year students: - was not assessed
- Second year students:
  - 100% stated that the purpose should be to "outline areas in which students need to improve"
  - 1/2 specified "to define level of performance"
  - 1/6 specified "to outline strengths"
9. A. Who now has access to evaluations and for what purpose?

B. Who should have access to evaluations and for what purpose?

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<tr>
<th>FACULTY</th>
<th>NOW</th>
<th>SHOULD</th>
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<tr>
<td></td>
<td>2/3 said by faculty to improve performance</td>
<td>-by students and all faculty to evaluate themselves and program</td>
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<tr>
<td></td>
<td>1/2 said by co-ordinators and department heads for final progress records and employment</td>
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<td></td>
<td>1/4 said unknown or left blanks</td>
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FIRST YEAR STUDENTS: ---- ----

SECOND YEAR STUDENTS:
1/2 by instructors 1/3 by students
1/6 by Dept. Head 1/3 by instructors
1/7 by students 1/10 by Administration
1/7 did not know 1/3 by instructors

10. What students can do if they disagree with an evaluation.

<table>
<thead>
<tr>
<th>FACULTY</th>
<th>2nd YEAR</th>
<th>1st YEAR</th>
</tr>
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<tbody>
<tr>
<td>Note disagreement</td>
<td>2/3</td>
<td>1/4</td>
</tr>
<tr>
<td>Unknown</td>
<td>1/5</td>
<td>1/6</td>
</tr>
<tr>
<td>Discuss &amp; review (appeal)</td>
<td>1/5</td>
<td>1/2</td>
</tr>
<tr>
<td>with instructor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to sign</td>
<td>---</td>
<td>1/3</td>
</tr>
<tr>
<td>See department head or co-ordinator</td>
<td>---</td>
<td>1/10</td>
</tr>
<tr>
<td>Little or nothing</td>
<td>---</td>
<td>1/3</td>
</tr>
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</table>

11. What is reason for student's signature.

- Read & discussed (NOT agree) 2/3 1/2 few
- Read, discussed and agree 1/3 1/2 few
- Unknown few few
12. Satisfaction with present system.

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<th></th>
<th>FACULTY</th>
<th>2nd YEAR</th>
<th>1st YEAR</th>
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<tr>
<td>Yes</td>
<td>1/4</td>
<td>1/4</td>
<td>1/2</td>
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<tr>
<td>No</td>
<td>1/2</td>
<td>3/4</td>
<td>1/2</td>
</tr>
<tr>
<td>More or less</td>
<td>few</td>
<td>few</td>
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13. Comments re: grade system.

Faculty: -more than 1/2 disagreed with grade system
- many want just broad ABCD categories

Students: -1/4 first year and 1/6 second year thought grade system desirable.
-the remainder found it undesirable because:
- method of assigning grades too vague
- lack of uniformity among instructors
- range of grading too narrow (can't get over 80%)
- marks not given with interview
- lack of correlation between comments and marks.
PASS/FAIL VERSUS GRADING: LITERATURE REVIEW

The literature was reviewed to determine if the "grading" problem could be verified. Four areas were assessed: 1) the process of learning, 2) the development of certain cooperation and sharing skills, 3) the validity of the system, and 4) movement to higher institute of learning. These areas were arrived at after an introductory look at the literature and upon reflection of the problems noted with the pass/fail system.

LEARNING PROCESS:

Vanlloven, a principal in a Middle School, states that:

there is little doubt that grading practises built on extrinsic reward patterns are incompatible with a philosophy of learning based on the concept of self-actualization now accepted by most educators. (p. 366)

Simon states that grades encourage students to concentrate on rewards rather than learning and O'Hanlon, a professor of education at the University of Nebraska, believes
that a mark is inconsistent with the philosophy that the purpose of education is to help all students become something better. Eisner states that the curriculum is important but the type of relationship between student and teacher is critical.

In reviewing the literature one could find almost the same number of studies to support a grade as those that support not having a grade. Quann; Van Wittich; Gold, Reilly, Siberman and Lehr; Bain, Hales and Rand; Karlins Kaplin and Stuart; and Weber show that achievement declines under a pass/fail system while McLaughlin; Pike; Brown; Shontz; Smith; Reiner and Jung; and Harrington found that students who selected pass/fail courses did as well or better than those in the traditionally graded course.

Most studies were conducted in schools where a high grade point average was a student's ticket to an academic future and most compared the two systems by having the students take one, or a limited number of pass/fail courses in a system where high GPA must be maintained. Otto aptly said that:

two currencies of the academic realm cannot co-exist as interchangeable currencies in a single college setting. (p. 47)
It makes sense that where GPA is important a pass/fail course would allow one to concentrate one's efforts on the graded courses, and thus, the pass/fail courses may show a lower performance level.

There are few studies that directly relate to the nursing situation. Aranta and Miller found that 44% of a random sample of nursing schools used satisfactory/unsatisfactory grading. Dodd circulated an open-ended questionnaire to 455 undergraduate nursing students to elicit preferences or opposition to the credit no credit grading of nursing clinical courses and to some faculty teaching nursing courses. She found that after one year of pass/fail, fewer students and faculty favored the pass/fail system. Gould selected fifty-two senior nursing students who had exposure to both letter grading and satisfactory/unsatisfactory grading in their clinical practicums. A questionnaire was devised and pretested to determine the statistical validity. A factor analysis was also performed on the questionnaire items. On the basis of the survey and scaling techniques, the author concluded that there was empirical evidence which supported the null hypothesis that there is no significant difference in motivation under the
satisfactory/unsatisfactory system of clinical evaluation as perceived by nursing students. It also supported the hypothesis that higher levels of motivation are perceived by students under the satisfactory/unsatisfactory system of clinical evaluation as opposed to the letter grading system. Weber believes that attitude and opinion surveys abound on the favorable and unfavorable aspects of various grading systems but there is a definite lack of research-based studies which give data that scientifically support findings and conclusions. Clements and Sgan attest to this same view. Certain baccalaureate and higher degree programs have chosen to adopt the use of non-grading systems to solve some of the problems in assigning a letter grade to clinical performance according to a report submitted by the Council of Baccalaureate and Higher Degree Programs, 1972. Hall and Taft, from a School of Dentistry, found no significant differences between the group who were graded and the group given a pass/fail.

In British Columbia there are eleven Schools of Nursing. Eight schools have a grading system for clinical objectives and four have a pass/fail system. The UBC Medical School is in the process of adopting the pass/fail system for
theory and clinical practice. The Professor and Director of the University of Toronto Medical School responded to an inquiry regarding their pass/fail/honors system by saying,*

welcome to the merry-go-round.

They adopted the pass/fail system eight years earlier and were changing back mainly because of;

the grass - roots system that continued to generate numerical marks.

The Director of Queen's University Medical School stated that they switched from the numerical grades to the honors/pass/fail system five or six years earlier. He summarized by saying,**

we have no regrets about the conversion, with the possible reservation that we were not able to achieve the pure pass/fail system.

Schools seem to have problems with whatever system they use, and many Schools seem to be going for a change no matter what system they are currently using.

*A letter addressed to Dr. G. Page at UBC who is assisting the UBC Medical School to change to the pass/fail system.

**Another letter addressed to Dr. G. Page.
DEVELOPMENT OF CERTAIN SKILLS NECESSARY FOR NURSING:

In 1977 the accrediting body for Schools of Nursing (RNABC) wrote that the graduate nurse should have the following competencies and skills:

- the Nurse should have an inquiring attitude which contributes to improved patient care, should demonstrate ability to work cooperatively within the health team in the provision of nursing care, should obtain relevant information from other members of the health team, and refer and report pertinent information to appropriate member of the health team. (p. 7)

These characteristics relate directly to cooperation and sharing of information and workload. Fay Bower stated that:

- the normative-referenced (grading) system fostered a possible sense of failure and confronted learners with competition to the extent that if learners helped their peers they were likely to hurt themselves since they are judged in relation to their peers. (p. 501)

To this effect Dodd states:

- the focus with the traditional grading system is often not on learning how to give comprehensive competent care, but on the letter grade, as the successful student learns to nurse the educator rather than the patient. It thwarts collaborative sharing. (p. 14)
Thus, the people directing nursing education in B.C. at the undergraduate level state that effective communication and cooperation are important outcomes of the nursing program, yet we have a grading system which seems to detract from the development of these skills. Also, a grade is an extrinsic reward that the nurse does not receive in the job setting; however the graduate will have to receive performance evaluations. It seems logical that educators should be working toward having the student receive intrinsic rewards of a job well done to better prepare the nurse for her future role. The problem seems to be, that though these problems with the grading system are observed by many, and commented upon by many, most of the information is received via informal discussion. There seem to be few studies that deal with the specific problems of the pass/fail or grading systems.
VALIDITY OF THE GRADING SYSTEM:

Otto, on the basis of an extensive review of the literature consisting primarily of research studies in relation to grading, and in particular in relation to validity, states that;

Very serious doubt arises when one examines the validity of grades. It would seem that a multitude of distinct characteristics are evaluated when instructors set out grades. Some professors rate recall highly, others novelty and creativity. Some professors stress verbal lucidity, still others problem solving abilities. Whatever the idiosyncratic properties of the teacher, he resorts to placing his evaluation on a common scale. Thus myriad value judgments, each independently derived and based on different value systems are mixed and pureed into a mishmash dubbed the GPA. And, as we all know, Grade Point Averages are the pablum which sustains higher learning. (p. 29-30)

Bruner stated that when you teach well, 75% of the students are above the median. Pressey said that:

A normal curve will not occur when students are homogeneous, a test is too hard or easy, a teacher is very effective or ineffective or if students are highly motivated or not motivated. (p. 736)
In Nursing, the students are homogeneous for sex and age and are highly motivated. Also, at this College, one student is picked from each six to seven applicants so the quality of student is superior. Schweer states that people in Nursing may not have arrived at a point of evaluating clinical performance with sufficient objectivity to justify a grade. Ebel states that a major disadvantage with grading is the lack of sufficient evidence, for a person's observations depend heavily on his conscious or unconscious biases. This means a great deal of subjectivity is involved. Weber states that attitude and opinion surveys abound on the favorable and unfavorable aspects of various grading systems but there is a definite lack of research-based studies which give data that scientifically support findings and conclusions.

In Nursing, in each term, small groups of students go to the hospital. At one point in time one group of students may be at four to six hospitals in groups of eight to fourteen students. Each student is assigned to different patients, and each small group of students has a different teacher, a different hospital, different hospital staff, and different equipment. It is very difficult, if not impossible, to come up with similar experiences for students
in the clinical area. Hoyt in a summary of forty-six research studies suggests that grades aren't valid predictors of future performance for all subjects. Gould seems to summarize the picture about grading versus non-grading when she states:

Both nursing and other educators are adopting non-grading systems in their curricula but lack scientific and empirical data regarding the efficacy of such a grading system as opposed to other grading systems.' (p. 46)

TRANSFER TO INSTITUTES OF HIGHER LEARNING:

People who argue against the pass/fail system argue that registrars don't accept the transcript so that mobility is reduced (Heininger; Oberteuffer; and Rossman). This seems to be a very real problem depending on the School that you have graduated from, and the School you want to attend. Oberlin did find that a pass/fail on the transcript was no barrier to entrance into Graduate Schools in fifty-five Schools in South Eastern USA. It has not seemed to be a problem with nursing, however, there were no studies located that directly addressed this issue. The registrar at the RNABC was interviewed and she stated that students don't need
marks for registration nor are they needed for employer
references and marks are currently not included with
references from the School. The University of British
Columbia does not need clinical marks on the transcript as
long as theory marks are included on the transcript. Thus,
it may be a problem, but no data was gathered to point that
it was a problem.

In summary, it is difficult to point to data that
conclusively states one system is better than the other.
It would seem that the over-all reasons for rating should be
taken into account when deciding upon a grading system.
The Pass/Fail system seems to be a more appropriate system
for grading clinical performance.
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Appendix H

EVALUATION IN THE CLINICAL AREA*

1. Since the total system is normative reference, not
giving a grade for clinical performance penalizes the student
who is above average in caring for patients in favor of one
who is above average in paper and pencil testing situations.
Since the paper and pencil measure only potential for safe
practice the recommendations seem to be a step away from
accountability.

2. If we have difficulties in instructor/student relation-
ships, insufficient (in length or quality) opportunities
for clinical learning and performance assessment, a change in
clinical evaluation will not solve the problem.
Similarly inconsistency among instructors will not
necessarily be remedied.

3. Some of the negative aspects of criterion referenced
seem quite important problems

   (a) mastery may be non-discriminating

   (b) instructors less specific with student
       or collects less data

   (c) only for a small fraction of important
       educational achievements

*Submitted to the evaluation task-force by
Mrs. Juno.
(d) tendency to limit objectives to visible behavior

(e) not appropriate when desired outcomes are general developmental or complex in nature.
Appendix I

ANALYSIS OF FACULTY'S REJECTION FOR THE CHANGE USING HAVELock'S MODEL

Havelock outlines six stages for organizing and planning activities when innovating in education. Under each stage he gives ideas about what one should look for. In the following section the data has been categorized under each of Havelock's stages.*

I - ESTABLISHING A RELATIONSHIP

Havelock believes in having an inside-outside change team. He talks about the advantages and disadvantages of being either inside or outside and then suggests nine characteristics of the ideal relationship. I have combined some of the characteristics he suggests when analyzing the quality of the relationship.

a) Insider and Outsiders:

Dolina and Lorinda were insiders which made some aspects of establishing a relationship easier. They knew the system and understood the norms and behavior of teachers expected in that program. They were familiar figures so little energy had to be invested in the initial approach. Because they were insiders, certain aspects of establishing a relationship were made more difficult. They were not seen

*The term "they" will refer to Dolina and Lorinda.
as having any special knowledge or skills relevant to evaluation and did not have special skills in developing more collaboration among faculty. Nor did they bring in outsiders with the special knowledge and skills although there was money in the department for this. They just didn't think of it. They may have been seen with some negative connotations as they had been innovators in the past. They realized after, that they were unable to be objective, as they became emotionally involved attaching more importance to the issue than it warranted.

b) Reciprocity and Openness:

They received information from faculty and students but not from administration. The information transfer was mainly one way. They did not share any ideas or activities with faculty along the way. As change-agents they were not open to look at new ideas (other than solutions centering around the pass/fail system) which was a big mistake. Havelock states that openness to new ideas is the "sine qua non" for innovation.

c) Realistic Expectations and Expectations of Reward:

Their expectations were unrealistic for they thought that there would be a simple and possibly quick solution, and felt the issue would sell itself. Dolina and Lorinda hoped
for a better system but did not check if faculty hoped for a better system. For example they may have had them research the issue just to keep them quiet (which may be a better state). They missed the cues faculty were sending regarding their tiredness of change and inability to make decisions, and did not realize the significance of this unrest in relation to initiating another change.

d) Structure and Definition of Roles:

They did not outline their objectives and did not formulate objectives into clear statements. They did not outline the work schedule for others to see or involve others in helping. They did not receive any commitment from faculty or administration in the beginning or at any point along the way.

e) Equal Power and Minimum Threat:

Dolina and Lorinda had no power in the situation and they perceived that they had no authority. They were representing an issue that the Acting leader and the leader did not seem to support personally so may have been seen as a threat to administration.

f) Confrontation of Differences:

They were aware of the differences to the extent that they knew that administration would have to be "won" because
the pass/fail system would make their job harder in terms of transcripts and references. However they did not solicit the views of the leader. Even when Dolina visited Mrs. Juno that morning of the presentation to faculty, she did not confront her. Dolina was fearful to confront her as she perceived she might have something to lose (was a subordinate) and didn't want to make her more angry before the meeting. They were unaware that the restructuring proposals were coming up at that meeting, simply because they were so involved with the pass/fail issue; they didn't take the time to read the agenda or the restructuring report.

II - DIAGNOSIS:

Havelock states that the change agent must identify the problems as well as the strengths and try to understand the client as a system.

Dolina and Lorinda researched the issue well, collecting available data from faculty. By including the results from the Questionnaire from 1970/71, the case appeared stronger regarding there being a problem as it showed that the problems were of a long-term duration. They did not look at the goals of the system, the strengths, or the system itself. They felt that there were problems with
the decision-making process, but they did not know what to
do about it except to build up faculty's strength by
getting them to support the issue. They may have fallen
into the trap of too much diagnosis because they over-
loaded the problem-identification area without focusing on
the strengths of the evaluation system. They never did get
a clear picture of the problem, so imposed their own
preconceived diagnosis and never did state the problem
clearly to faculty. Havelock states that most problems
have several layers. Dolina and Lorinda looked only at
the top layer and considered only "their pain" rather than
digging deeper into the problem.

III - ACQUISITION OF RESOURCES:

Havelock attacks people who must do things for
themselves rather than finding out if an innovation worked
some place else. He includes details regarding eleven major
sources of information as well as an updated bibliography
on the major work of educational change.

Dolina and Lorinda consulted with the librarian
and did an ERIC search. Literature was read relating to
pass/fail and grading systems. Two outside professors were
contacted and they made their literature available to faculty.
They did not think of asking faculty's permission to hire an outside consultant nor did they discuss this with the leader. They did not find out which schools used pass/fail though they knew that some schools did. They didn't contact the schools and ask them how they felt about the system and what the problems were. At that time Dolina felt that a change should be made on the merits of the change within "this" system, and not be based on what "others" were doing.

IV - CHOOSING THE SOLUTION:

a) **Implications from the Research:**

The literature and data were assessed more in terms of one idea for the solution than in terms of the actual raw data.

**Generating Solution Ideas:**

Only one solution was generated and that was a pass/fail system. A tape recorder was taken to the faculty presentation to record ideas but they were not set mentally to view this meeting as another place to diagnose the problem and generate solutions. They saw the faculty meeting as a place where they could get a stamp of approval rather than as a place
to generate ideas.

b) **Feasibility Testing**

1) **Potential Benefit:**

They did not evaluate the solution and ideas in terms of potential benefit or how many would be helped. They assumed it would help all teachers and students, and, probably forever. They did not look at how much they may be helped. Nor did they look at negative effects in terms of whether it would hinder a student from being accepted into a University program.

2) **Workability:**

Some data were available from the literature that pass/fail as a grading system did not lower standards but little was found that related to a nursing program, and it seemed that the literature could be manipulated to support either viewpoint. They did not look at human or dollar costs nor did they consider that people would need skills in utilizing a pass/fail system.

3) **Diffusability:**

The innovation seemed acceptable to most students and faculty, according to the results from the
questionnaires, and from data gathered from the minutes. They believed it would be an easy change, once the objectives were formulated and the evaluation instrument designed.

c) Adaptation:

They did not think of recommending a pilot-test as one had been recommended earlier and had not been accepted, and they thought that they would get a similar response. They did believe that the time was good for making a change as the curriculum was in the process of being changed. They did confer with the professional Nursing Association and the registrar within this Institution to ensure that the change was acceptable.

V - GAINING ACCEPTANCE FOR THE PROGRAM:

Havelock talks about the benefits of collaboration, but mentions that other approaches are available. His goal is to have the widest possible number of people accept and adopt.

Ongoing communication to faculty was poor regarding progress and there was no communication of ideas at coffee and lunches. Dolina felt at that time that the proper forum to discuss ideas that were going to be "pushed" was at the
faculty meetings and anything else was "lobbying" and less ethical.

They did not present themselves or the topic well at the presentation to faculty. Both prepared much more for classroom presentations than they did for this one. By asking the Acting leader to speak first, Dolina was hoping that people would see how open and honest they were (a dishonest maneuver). Instead it completely backfired and stifled further discussion, probably for the same reasons that Dolina earlier found it difficult to confront her boss.

**SUMMARY:**

The main problems in getting support for the change were many and diverse according to Havelock.

The inability to get the support from those who count, was vital (the leader in this case). The inability to get all of faculty involved in the identification and solution process was also a factor. The rigid adherence to the pass/fail solution did not allow for consideration of other possibilities. The timing of the presentation was unfortunate. Had Dolina and Lorinda kept aware of what was going on this mistake would never have been made. The ineffective presentation to faculty coupled with a poorly
written report clinched the fact that they would not succeed in "winning" faculty or the leader.
OBJECTIVES OF TASK FORCE REGARDING RECOMMENDATIONS:

- that the teachers will have a system that they will be satisfied with and that they can work with.
- that the system will facilitate student learning.
- that the student will perceive the instructor as a facilitator and realize that evaluation is one step in the process of identifying problems on the way to improvement.
- that the system be as accurate and as safe as is possible due to the fact that the nurse must be a safe and therapeutic practitioner.
- that the student will be aware of her/his strengths and weaknesses so that growth can occur in the minimum amount of time.
- that the system allow for failure or time for the student who is unable to meet the objectives in the allotted time to not continue on, yet be given another opportunity to meet the objectives.
- that the system be compatible with administration and with the requirements of the institute.
ANALYSIS OF FACULTY'S ACCEPTANCE FOR THE CHANGE USING HAVELock'S MODEL:

I - ESTABLISHING A RELATIONSHIP:

By submitting the Evaluation report to the curriculum committee the message was distributed to a larger number of faculty. Andrea had read the report and supported the recommendations.

The three-member curriculum Task-Force were well respected by faculty and were seen as being key people in terms of future job security. Faculty knew that they were investing a great deal of time in designing the new curriculum, so trusted what they produced. They also made contact with the leader and had her support for another task (curriculum), and used this support to great advantage.

a) Reciprocity and Openness

In the rewritten report Dolina and Lorinda admitted that the original proposals were unrealistic. They reassessed the situation, admitting now, that there was no simple or quick solution, and the problem was deeper than simply the assigning of a grade. By suggesting that a pilot test be used, one could conclude that this meant that the solution was still open.
b) **Expectations of Rewards:**

By letting go of the issue and putting it into other people's hands, Lorinda and Dolina were no longer seen as having an emotional investment in the issue, and faculty may have found it easier to accept. The new report still did not outline the proposal in terms of the rewards it could bring to faculty.

c) **Structure and Definition of Roles:**

The role of Andrea, Alice and Ann was clear cut, and all faculty knew that cooperation was important.

d) **Equal Power:**

The Curriculum Committee, because it was comprised of more people, had a stronger power base than the two-member evaluation task-force. Andrea, Alice and Ann had a powerful position; few people resented this and most faculty wanted to support the decisions made by this group.

The fact that now the program was split into two programs made the decision-making group much smaller and thus there were fewer people to resist change.

The leader was away ill, most of the planning months, so faculty felt responsible for the decision-making.

Candice, who was closest to the leader, and was acting as the leader was saying nothing. However she had been
concerned regarding evaluation problems in the past, and it was she who had conducted the survey regarding evaluation in 1969/70.

e) Minimum Threat:

Both evaluation task-force members were away from the meeting when pass/fail was discussed and passed, and it may have been a stroke of luck. Faculty now knew that the leader would accept a proposal suggested by the Curriculum task force so had less to feel uneasy about. The threat of the actual pass/fail system in terms of possible changes in relationships with students that it might evoke was never discussed.

f) Confrontation of Differences:

More faculty had aired their views at coffee and lunches as well as some of the smaller committee meetings. At one planning meeting after the proposal received final acceptance, faculty were verbal about expressing some questions and feelings regarding how to design an evaluation instrument and it became more evident that faculty expressed different points of view.

g) Involvement of all Relevant Parties:

Ann, who presented the proposal, had representation from each year of the program and had some support of the
leader. Andrea, Alice and Ann were trying to involve all faculty as much as possible, considering the time constraints and other faculty commitments. They did this mainly by asking people to submit their views in writing, as they were not adept at handling views expressed within the group, and did not have time to schedule large meetings.

h) **Helping Role:**

The evaluation report left an accurate record of the problem on file for future use. By not overloading faculty with something they were not ready for, faculty could perceive that Dolina and Lorinda had "good" motives and wanted to help. Andrea, Alice and Ann were perceived by faculty as "saviors" for the program.

II - **DIAGNOSIS:**

The Evaluation report utilized more data in diagnosing the problem. The data was assessed with the view to discovering more dimensions of the problem. More dimensions were discovered and stated.
III - ACQUISITION OF RESOURCES:

No more resources were acquired except there were now three different people involved with presenting the proposal.

They had conferred with an outside consultant in regards to the curriculum changes being made and faculty perceived that this made their knowledge base of pass/fail broader.

IV - CHOOSING THE SOLUTION:

Much more time was invested in reassessing the solution. Dolina and Lorinda had suggested a pilot project for pass/fail but this was not discussed by faculty.

a) Implications from the Research:

No more time was spent in searching the literature.

b) Generating Solution Ideas:

There were a range of solution ideas presented within the Evaluation Task-Force report.

c) Feasibility Testing:

1) Potential Benefit:

Andrea, Alice and Ann believed that the solution would benefit students and teachers.
2) **Workability:**

Andrea, Alice and Ann were prepared to observe and experiment with the solution (pass/fail) to see if it would work.

3) **Diffusability:**

Most teachers were now in favor of the proposal for a pass/fail system. Most teachers were aware that students were unhappy with the present system. They were ready to try it.

V - **GAINING ACCEPTANCE FOR THE PROGRAM:**

The main reasons for the acceptance of faculty for a change at this time seemed to be the influence of Andrea, Alice and Ann who had been given clear direction to produce a new curriculum. They believed in the pass/fail system and saw that the time was ripe to introduce it. They brought in the system as part of their over-all curriculum package. Faculty had more time to think about pass/fail and had heard many more people talk about it. The rewritten evaluation report presented the issues in a more logical manner and Andrea, Alice and Ann read the report and supported the recommendations. The number of people involved in making the decision was almost cut in half with
the new organization, and faculty were more ready to accept almost anything that was presented as they were getting tired of all the issues and wanted to get on with their teaching.
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