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Balancing Nurture and Rigour: Seeking Effective Support for Nursing Students in Distress

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Abstract

As higher educational institutions face a growing demand to graduate more nurses, and mental health and life stresses are recognized as increasing obstacles to student success, the timing is right for nursing programs to evaluate their traditionally rigorous program cultures. At Sunrise University in Western Canada, nursing students make up a large population seeking support services, and there is an increasing need for capacity building in faculty to support learners who are in distress. In this organizational improvement plan (OIP), I explore what can be enhanced or further developed to create more effective support for students who are in distress or who are notably struggling. Early recognition of distress can prevent issues from escalating and, in turn, promote retention, ability to learn, social justice, and student wellness. To achieve this desired state, which aligns with Sunrise University's strategic plan, I propose the creation of a professional learning community to collaborate with faculty to bring awareness about distress while also nurturing their well-being amidst heavy workloads. Through transformative and shared leadership approaches, this OIP is framed by critical and systems organizational theories, with intersectional and cultural theoretical lenses. The ADKAR change model is used to develop a strategic implementation plan, with appreciative and PDSA inquiry cycles woven through as we monitor and evaluate progress. Future considerations include how to move toward progression policy change and collaboration with the healthcare system to influence a supportive and caring learning environment.

Keywords: student distress, early recognition, nursing, capacity building, student support, faculty well-being

Executive Summary

Distress in nursing students has the capacity to burden and restrict academic success. Nursing education has long been known to be rigorous and stressful, and students' struggles are often not recognized by faculty members until they have escalated, and attrition becomes inevitable (Burke et al., 2021). A review of the literature highlights the prevalence of students seeking assistance for mental health and wellness during higher education, and the need for more timely support and services. With long waitlists for support services (Moss, 2017; Munn, 2019; Nunes et al., 2014), increasing capacity in faculty members to recognize early signs of distress and collaboration with the broader campus to support students can promote (both learner and instructor) wellness and continued enrollment. In turn, this benefits the higher educational institution and the broader healthcare system. In this organizational improvement plan (OIP), I explore a problem of practice (PoP) and ask what can be enhanced or further developed within a Western Canada nursing department at Sunrise University (SRU) (a pseudonym) to create more effective support for students who are in distress or who are struggling.

Through analysis of my own positionality and agency as a nursing professor, I examine how my transformative and shared leadership approaches are situated and influence the PoP. The PoP is examined through consideration of multi-layered contextual environments, as well as internal and external factors. An analysis of the SRU organizational structure and commonly observed leadership approaches and practices are included to complete the contextual view as they relate to distressed students. With the groundwork laid, I frame the PoP with critical and systems theories, viewed through intersectionality and cultural perspectives. A PESTLE analysis helps to investigate further influences from political, economic, social, technological, legal, environmental, and external factors. Understanding these factors illuminates nursing progression

policy language deficits and a lack of faculty capacity when working with struggling students.

This knowledge further assists in recognizing the reasons for the change and represents the gap

between the current and envisioned state for the department. Future policy change and

development of capacity in faculty members are needed to reach the desired state. Guiding

questions that emerge from analysis of the PoP, and my leadership vision for a more equitable

learning environment for marginalized students complete the presentation of the problem.

      Following the discussion about the PoP, I introduce and discuss possible solutions. I

begin with an in-depth analysis of transformative and shared leadership approaches and how they

assist in propelling the change forward through meaningful engagement with faculty participants.

In this process, it is important to consider and mitigate any inadvertent marginalization that may

occur along the way. I assess my agency within my workplace and how I can best utilize it to

partner with others in the change process. As ADKAR (Prosci, 2021d) is used as the primary

model for organizational change at SRU, it is selected as the framework to lead this OIP. The

elements and limitations of ADKAR and how its components can be used to align with this PoP

are explored. Kezar's (2018) Readiness for Change Survey is proposed to assess readiness for

change at the institutional and administrative levels, and the ADKAR Readiness for Change

Feedback tool is considered for the group and individual level.

      Three possible solutions to address this PoP are interrogated, including benefits and

limitations of each: 1) mentoring new hires, 2) policy language changes with faculty workshops,

and 3) building faculty comprehension and capacity, with movement toward future policy

change. Ultimately, the third option is my preferred choice to address the PoP, the SRU nursing

department, and its context. To support the chosen solution, I complete an assessment of societal

and systemic change drivers and how they affect the movement toward greater capacity for faculty members to support struggling students.

In the final section of this study, I develop a plan for implementing, monitoring, evaluating, and communicating the organizational change process. The presence of short, mid, and long-term goals will keep the OIP on track, which will be guided by the five elements in the ADKAR change model, including Awareness, Desire, Knowledge, Ability, and Reinforcement. The creation of a professional learning community (PLC) and the utilization of SRU's Teaching and Learning Centre (TLC) will be a natural way to align with existing institutional structures. Faculty members' anticipated reactions are explored together with pivotal strategies that respond to their concerns. Together with the change team, we will follow a comprehensive communications plan, utilizing Hall and Hord's (2015) climate that is supportive of change, that identifies how awareness for the change will be created, and how it will be disseminated to various audiences. A knowledge mobilization plan provides a visual depiction in how awareness, accessibility, engagement, capacity building, implementation support, organizational development, policy influence, and partnerships (Cooper, 2014) can be used to move the change forward. Appreciative inquiry and PDSA cycles support an extensive monitoring and evaluation plan, which provide tools to track, gauge, and assess the progress of the initiative.

Building faculty capacity to provide greater support to students in distress will benefit both instructors and learners at SRU. While this OIP stops short of policy revision or inclusion of healthcare personnel perspectives, it sets the stage for those steps in the future. The successful implementation of this OIP will influence inspiring ways of thinking about struggling students, challenge hegemony, and model a way for the next generation of nurses to see how a new norm in the larger healthcare system can be framed by equity, ethics, and social justice (EESJ).

Acknowledgements

As a third-generation European settler, I acknowledge and express gratitude to the Nlaka'pamux and the Syilx Nations, where I first learned about the history of Indigenous peoples in Canada. For anonymity of this OIP, I am not naming the First Nations on whose lands I now reside and work, however, I commit to do my part to recognize and reconcile the wrongs of the past.

This work was made possible with the support of loved ones. I am forever grateful to my best friend and husband, Marc Piché, who believed in me from the moment we met. You gave me the freedom to embrace my curiosity and my love of learning. This degree started with a reflective conversation around a campfire. You asked me "will you regret not having a Doctorate when you are 85?" I could not have done this without your encouragement and partnership, my Love. Thank you for editing my work, sharing your reflections, and always being here with me.

I am grateful to my friends for listening to endless conversations about my education. Thank you for understanding when I turned down many invitations to spend time together these last several years; I hope to catch up soon. And a big shout-out to my dear pup, Finn, for great runs in the forest; they gave me a healthy work-life balance.

My growth evolved through the sharing of wisdom from each of the Western University EdD faculty members and my cohort peers. You challenged me with rich dialogue and expanded my thinking to see the world in new ways. Dr. Beate Planche, thank you for walking alongside me as I completed this OIP; your guidance helped me to believe in my abilities. Dr. Lee Ann McKivor and Dr. Kristopher Tharris, thank you for your new sets of eyes, requests for clarity, and navigation in the last few versions of this work; it is much improved because of your reviews and questions. I also appreciate that my study colleagues were always just a WhatsApp chat

away. Our community is kind, supportive, and humorous; I'm thankful to have travelled this road with you. It will be a joy to pursue our friendships in the post-Doctorate era.

My purpose in this study topic is what moved me forward. I honour the students and faculty members whose stories of distress and struggle formed the foundation of this degree. Thank you for inviting and trusting me to partner with you on your journeys. You are an inspiration, and you matter here. And finally, I acknowledge that as a first-generation post-secondary student, education has always been a gift and a privilege for me, and I am grateful to my Creator for the opportunity to keep growing. Coming from a culture where higher education for women was not encouraged, my choices as a lifelong learner have required much courage. I hope my educational story, struggles, beliefs, and strengths will inspire others to also follow the paths on which they are led.

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Acronyms

ADKAR	Awareness, Desire, Knowledge, Ability, Reinforcement
AI	Appreciative Inquiry
CASN	Canadian Association of Schools of Nursing
CBAM	Concerns-Based Adoption Model
CMHA	Canadian Mental Health Association
EdD	Doctor of Education (in Educational Leadership)
EESJ	Equity, Ethics, and Social Justice
HE	Higher Education
HEI	Higher Education(al) Institution(s)
M&E	Monitoring and Evaluation
OIP	Organizational Improvement Plan
PCN	Provincial College of Nurses (a pseudonym, for anonymization)
PDSA	Plan-Do-Study-Act Model
PLC	Professional Learning Community
PoP	Problem of Practice
SIPC	Student/Instructor Partnership Committee (a pseudonym, for anonymization)
SRU	Sunrise University (a pseudonym, for anonymization)
TLC	Teaching and Learning Centre (a pseudonym, for anonymization)
TRC	Truth and Reconciliation Commission of Canada

Glossary of Terms

Capacity building (or building capacity): is defined as "actions that lead to an increase in the collective power of a group to improve student achievement, especially by …closing the gap for all students. [It] synergizes three things: new skills and dispositions; enhanced and focused resources; new and focused motivation or commitment" (Fullan, 2005, p. 4).

Distress: can be described as "the sum of exposure and vulnerability divided by the sum of psychological resources and social support and, as such, a stressor alone will not predict the level of distress in a student; therefore, the student's vulnerabilities, psychological resources, and amount of social support must be known" (Burke et al., 2017, p. 10). In this OIP, I describe students as being in distress or as notably struggling due to my desire to embrace both of those student populations within the need for enhanced support.

Faculty members (or the faculty, or the faculty team): referring to individuals employed within the SRU nursing department, in the role of teaching nursing students. For writing structure and the avoidance of word repetition in some sentences, I occasionally use the word instructors when referring to these individuals.

Intersectionality: refers to the fluid process of having multiple identities situated within a historical context. Intersectionality theory highlights how oppressed social groups live in the margins of society with unequal access to resources and opportunities, and how systems of power and resilience based on gender, race, and class, as well as other axes, overlap with one another rather than exert independent effects on people (Crenshaw, 1989; Fehrenbacher & Patel, 2020).

Marginalized/marginalization: In relation to students, I am referring to a "structural process of systemic discrimination that creates a class of disadvantaged minorities…whose status is

perpetuated through various dimensions of exclusion" (Government of Ontario, 2022, para. 32). It is a "dangerous form of oppression" (Young, 2014, p. 18). Groups that may be affected are broad and can be based on socioeconomic status, single parenthood, race, culture, disabilities, visible minorities, mental health, gender, religion, and other vulnerabilities (Barrow & Gramling, 2021; Jenson, 2000).

Progression policy: is an official SRU nursing program procedure that guides faculty members' actions when students are observed/felt to be in distress, struggling, or when they present with behaviour that is perceived to be out of the norm.

Recognizing early stage of distress: When students first begin presenting distress, "faculty and students need to be aware of common signs and symptoms…and be well informed about how to intervene" (Cook, 2007, p. 42).

Support: While some argue that it is mainly a reactive response to perceived student problems, I advocate for "a concept that is largely proactive, providing a culture and context that aims to be supportive" (Jacklin & Le Riche, 2009, p. 746). I use this word most often about students who show signs of struggling or distress, but also in reference to faculty members' wellness during their partnership with students.

Chapter 1: Problem Posing

In the varied topography of professional practice, there is a high, hard ground where

practitioners can make effective use of research-based theory and technique, and there is

a swampy lowland where situations are confusing 'messes' incapable of technical

solution. The problems of the high ground, however great their interest, are often

relatively unimportant…while in the swamp are the problems of greatest human concern.

(Schön, 1983, p. 42)

Educational hardships for students can come in the form of muddy bogs or emotional

swamps of anxiety and self-doubt. As a registered nurse, currently working in a professor role, I

am skilled in performing psychosocial assessments and am morally determined (Noddings, 2010)

to support students when I can see that they are struggling. Lang (2011) suggests that abilities to

assess students contributes to our situated knowledge, and how we know what we know.

Believing that education has a moral purpose (Elliott, 2015), I encourage faculty to build

partnerships with oppressed students (Freire, 2018) which can incrementally move higher

education (HE) toward change, empowerment, and the potential to transform lives. Coming from

a place of felt difficulty (Ma et al., 2018), I will examine my positionality, role, and agency in

my higher educational institution (HEI) in relation to a Problem of Practice (PoP) to seek more

effective support for students who are in distress, or who are struggling. I will explore the

organizational context, my leadership approaches, frame the PoP with organizational theories,

and present a leadership-focused vision for change.

Positionality and Lens Statement

As I begin this organizational improvement plan (OIP), I assess my own interconnecting

identities, where I come from, and the values I hold (Kezar, 2000). My examination allows me to

extend truths about who I am as an individual, honouring my journey and my story, with each of these revelations giving me opportunities to lead in deep and meaningful ways (Brown, 2018).

Positionality and Agency

With almost 15 years of experience in HEIs, half of those as a chair and the other half in teaching and team-lead roles, I have had many opportunities to support distressed students. In my role as chair at an Indigenous college, the previous HEI where I worked, I coordinated remote First Nations community-based educational healthcare programs, collaborating with community partners to meet the needs of their peoples. As a team-lead, in my current HEI, I was responsible for the delivery of several semesters in the nursing program. This included mentoring faculty members and partnering with them to navigate concerns about students. In this role, I collaborated with the chair and other team-leads to ensure consistency and fairness in decision-making and alignment with the curriculum. These experiences were foundational in my practice and required me to seek understanding from both faculty members and students as they moved through unique contexts in their teaching and learning journeys.

In my current professional identity as a professor at Sunrise University (SRU), I instruct courses based on my nursing experience. I teach a combination of courses including classroom theory, hospital practice, community collaboration with local populations, and an international field school in partnership with a non-governmental organization in remote villages. The community and global populations served are often marginalized, and I mentor students in skills required to promote sustainability and build capacity in people's health and ability to navigate illness. In hospital settings, I often teach in psychiatric units where I guide students in caring for stigmatized patients who have mental illnesses, with an aim toward health promotion and the ability to function in society. In each of these settings, I mentor and guide students academically

toward their future nursing careers. But in addition, my hands-on teaching experience with patients continues to engage my nursing assessment skills, and these skills constantly influence and benefit my role as a professor and my interactions with marginalized students.

When students tell me about the lack of support they receive from my HEI during their times of distress, my nursing experience with marginalized populations leaps to the forefront of my mind and my first instinct is to advocate for the learners. However, I continuously remind myself to exert caution as my interpretations through critical and intersectionality lenses have "blind spots where each theory tells its own story about organizations" (Bolman & Deal, 2017, p. 40). Recognizing my own biases and lenses is key to this OIP.

But there is more to positionality than simply my professional experience and work role. Kezar (2002) argues that positionality also encompasses one's character, context, and culture. As a first-generation post-secondary learner, raised in a culture where education for females was discouraged, my background motivates me in this OIP. I know that my personal positionality contributes to my situated knowledge and my partial perspective (Ford, 2007; Haraway, 1988; Lang, 2011) and that these have the potential to create boundaries, possibilities, and shape my interpretations (Lang, 2011). Insight and wisdom are needed as I move forward.

When my work experiences and personal identity come together, my HEI colleagues see me as someone who advocates for students and who questions the presence of marginalization, and the absence of equity and social justice. For example, when students are struggling academically, I consistently ask whether they are in crisis in other aspects of their lives (e.g., financial constraints, lack of familial support, health challenges, food disparity). In conversations with individuals who were part of my hiring committee at SRU 6 years ago, I am led to believe that I am part of a process of gradual organizational change (Chia, 1999). My work experiences

and personal ways-of-being are seen as desirable traits within the department, and there is hope for movement toward more student-centered pedagogy.

As a nursing professor, I do not have the explicit agency to change departmental culture or policy, but my voice, power, and way-of-being can be mobilized strategically to contribute to new ways of thinking and conversing. My rich work and life experiences, as well as knowledge from this Doctor of Education (EdD) program focused on Leadership, can influence and inspire, and I move forward with courage, confidence, and humility. Fehrenbacher and Patel (2020) urge the examination of positionality within the hierarchies of focus and to avoid identifying as an objective observer when change is sought. I have a collegial relationship with the deans of my department and since, as senior leaders, they are responsible for student progress and retention issues, they share my concerns and passions about the support of learners. I have been involved in exploratory discussions about student progress that have begun recently at my HEI, the values of which underpin this study. The deans hold the power in moving this improvement plan forward as change influencers and I will walk alongside them, leading in many supportive ways.

My role as part of the change team will be multi-faceted. As a collaborator, I will link the deans to change management resources, network to promote buy-in, engage in dialogue with colleagues, and work alongside the team as we seek change. I will model commitment to a shared vision (Kezar, 2018; Whelan-Berry & Somerville, 2010) and invite interaction as participants seek understanding. My past experience in working with vulnerable students will also give me insight into discussions and I will share my related knowledge within the change team and with participants. In addition, because of my specialized nursing ability to make psychosocial assessments, those skills will be used to read situations as they unfold (Morgan, 2006; Schön, 1983; Tsoukas & Chia, 2002). While it can be difficult to provide tangible

evidence for nursing assessments, trusting my abilities and following up with clarifying communication will be an asset. As I establish my role, I am inspired by Kezar (2000) who indicates that human agency and the development of self are vital elements of change, and that one's power can be shaped through relationships with others (Klein, 1996). These elements of my social, relational, and professional positionality will be instrumental in the change process as I seek moral purpose and promote advocacy for students in distress.

Leadership Lens

In addition to identifying my positionality, I recognize that transformative leadership (Foster, 1989; Shields, 2010) forms my approach in this change process, with a focus on equity, ethics, and social justice (EESJ), advocacy for marginalized students, and courage to challenge the status quo within established systems. Shared leadership will serve as a secondary supportive approach to promote collaboration, collegiality, and respect between participants (Birnbaum, 1989; Kezar, 2018). Social justice and ethical lenses will further support my transformative approach through the ethics of critique, care, and profession. These perspectives speak to equity, values, moral purpose, and the hearing of many voices. However, as a leader, I must also be able to visualize this OIP from other lenses; doing so will allow me to hear multiple views (Kouzes & Posner, 2017), redefine situations with ease (Bolman & Deal, 2017), and be flexible in understanding the context and purpose of others' actions (Black, 2015; Senge, 2006).

I embrace an ethical lens that encourages morality, both with faculty and students. Elliott (2015) encourages leaders to practice beyond their own values, and to seek alignment with the institution's priorities and future visions. Such alignment communicates to participants that their interests are valued and establishes the ethic of care within the change process. In this OIP, leadership from the ethic of care (Noddings, 2013) may offer solutions to how leaders can bring

about the "moral purpose of a community" (Bezzina, 2012, p. 249). While there is argument within the ethic of care that nurturing students is a priority in HE (Noddings, 2005b), leadership from this ethic must also acknowledge faculty members' contexts, such as heavy workloads due to neoliberal-induced cutbacks over the years (Sinclair & Ladkin, 2020). Paying attention to the ethically important moments (Taylor, 2017) and the situational contexts (Tomkins, 2020) of both students and faculty members may contribute to an HEI's overall moral purpose. As I promote this OIP, it is my intention to advocate for an ethical change process that establishes trust and inclusivity, beginning at the individual level before advancing to the organizational stage (Tronto, 2016). Doing so will promote relationships and collaboration in this change process.

My two additional ethical lenses include the ethic of critique (Starratt, 1994), and the ethic of the profession (Shapiro & Stefkovich, 2013). With the ethic of critique lens, I question class, difference, equity, voices that are heard/not heard, and who benefits through nursing program policies (Bacchi & Goodwin, 2016; Berkovich, 2014; Capper, 2019; Dantley et al., 2008; Shapiro & Stefkovich, 2016; Singh, 2011; Wood & Hilton, 2012). The ethic of the profession lens prompts me to consider the influence of standards and requisite skills and abilities in the nursing profession (Provincial College of Nurses [PCN], 2023b) in relation to my values and how students' learning experiences are situated amidst ethical decision-making processes (Shapiro & Stefkovich, 2013).

Within the combination of each of these lenses, my intention is to act for social justice in my role. I seek an environment of growth for all students (including those who are unable to share their voices), a place where safe dialogue is foundational, where hindering policies are identified and addressed, and where power is shared (Berkovich, 2014). I recognize that when confrontation occurs, faculty may be pushed to a place of discomfort where practices and power

structures are critically evaluated (Boler & Zembylas, 2003; Kuenkel et al., 2021), and I further realize that socially just changes may be resisted (Rottman, 2007).

Transformative leadership (Foster, 1989; Shields, 2010), supported by shared leadership (Birnbaum, 1989), encapsulates my views of wanting to not just "carry on business as is usual but to work for social change and social justice" (Brown, 2004) while collaboratively seeking to understand the context of surrounding systems (Kuenkel et al., 2021). Leadership approaches, in concert with my worldviews and lenses will be examined more fully in Chapter 2.

Organizational Context

Sunrise University (SRU) is a pseudonym for a publicly funded mid-sized HEI in Western Canada. The identities of individuals, space, and potential (these words have been changed for anonymity but are similar in meaning) are identified as key values in the SRU Strategic Plan and Vision statement (SRU, 2023e). Institutional commitments include the deepening of EESJ, and the promotion of mental health for all members on campus. SRU is known as a teaching university where Boyer's (1990) model of discovery, integration, application, and teaching is used to facilitate faculty members' scholarly activity beyond traditional understandings of research. Identifying SRU's commitment to Boyer's model (1990) is key to this OIP as O'Meara (2006) suggests that it implies an institutional sensitivity to "cultures and constraints on faculty time" (p. 93). The organizational context is also influenced by multiple system factors, as seen in Appendix A, and these are referenced in the next section.

Cultural Factors

The faculty of the SRU nursing department, where I am a professor, proudly identify as educators of nurses entering the healthcare system. The departmental culture (a micro discourse), held by 30 permanent full-time and multiple contractual instructors, is varied. On one hand, it

presents an overarching ethos of collegium (Kezar, 2018; Manning, 2018), with respect and shared decision-making, and an appearance of virtual adoption (Birnbaum, 2000) of SRU's EESJ aspirations. On the other hand, there is a sense of a blustery advocacy culture (Manning, 2018) where the faculty is always ready to view change through a rearview mirror (Buller, 2015) with resistance against perceived/actual injustices, such as greater workload than several other SRU departments. Opposition efforts are seldom successful, and the faculty feels the failures deeply.

The healthcare system also affects the cultural context of this OIP. While the nursing profession is grounded in care, it is also historically known for its horizontal violence and eating [its] young (Anthony & Brett, 2020; Rowe & Sherlock, 2005; Seibel & Fehr, 2018). Horizontal violence and eating the young can take many forms of bullying behaviours between and within all levels of healthcare professionals and is meant "to purposefully humiliate and demean victims" (Anthony & Brett, 2020, p. 14). Bullying behaviour is often directed at new healthcare professionals who are striving to establish confidence in their practice (Anthony & Brett, 2020; Rowe & Sherlock, 2005). At the same time, nurses (including nursing faculty) are proud of the rigorous, but also rich, learning environments for students. These varied foundations create complexities and symbolism that, at times, are contradictory within the systems (Alvesson, 2002; Austin & Jones, 2016; Berkovich, 2014; Morgan, 2006; Nadler & Tushman, 1980) and influence the expectations of nursing education and the support of students in distress.

Political Factors

As a nursing body, the department is situated within the broader healthcare system and is influenced by provincial and federal accreditation and regulatory bodies, as well as provincial education and healthcare legislation. Accreditation bodies, for example, have strict conditions for program approval which the SRU nursing department must follow. However, suggestions for the

support of struggling students are also present in the accreditation process (Canadian Association of Schools of Nursing [CASN], 2020). Finding a balance between these specifications is difficult to achieve due to strong departmental views about the status quo in handling student progress issues and maintaining a perceived rigour within program delivery in doing so.

The healthcare system also comes with external demands, on nursing students and faculty members, that shift rapidly (Stensaker, 2015), with the Covid-19 pandemic being a distinct example. In addition to stressful healthcare environments for faculty members and students, pandemic-related financial deficits are impacting SRU concurrently with governmental requirements to increase seats in the nursing program. The purpose of higher numbers of seats is to graduate more nurses to support the chronic shortages in the healthcare system. This requirement, which is a macro discourse, results in internal changes (Jäppinen, 2017; Schein, 2017) and adds further strain to faculty workload and to already limited practicum placement sites, and subsequently affects student learning environments.

Economic Factors

Economic factors, which can also be considered a macro discourse, such as budget cuts, neoliberal reforms, or inflation affect both students and faculty in the context of this OIP. When students are identified to be in distress at SRU, referrals are made to the Student Services department for counseling or other related supports. Unfortunately, and in alignment with what is shown in the literature, staffing levels in those SRU departments have not increased at the same rate as referrals (Brown, 2016; Kitzrow, 2003), and lengthy waitlists are common (Moss, 2017; Munn, 2019; Nunes et al., 2014). While students await counseling, extra supports are seldom available because of neoliberal-related budget cuts (Busch, 2017; Downing, 2017) that have resulted in "oversized classes taught by faculty who are overburdened by heavy teaching loads"

(Giroux & Giroux, 2004, p. 274). The inequalities experienced by students at such times are difficult to address due to competing demands on faculty and staff (Blackmore, 2013).

In addition, rising inflation affects students who are often already financially stretched, resulting in risk of distress (Canadian Federation of Students, 2018; Deasy et al., 2016). While the rise of housing and cost of living affect not only the student population, these factors add exponential psychological pressures to HE learners (Forrest & Hirayama, 2009) due to the added expenses that accompany education. In the SRU nursing department, it is not uncommon to meet students who are couch-surfing with friends, living in their vehicles, or are short on food.

Social Factors

The social context of students' lives is at the heart of this OIP. While psychological distress in HE students has long been documented in the literature (Erdur-Baker et al., 2006; Locke et al., 2012; Pledge et al., 1998; Sharp & Theiler, 2018), researchers claim that it continues to rise in severity and results in reduced coping skills and higher stress (Baik et al., 2019; Burke et al., 2021; Carello & Thompson, 2021; Hurd et al., 2018; Lipson & Eisenberg, 2018; Munn, 2019; Reetz et al., 2016; Thompson et al., 2019). When students have had past hardships such as abuse, generational trauma, or time spent in the foster system, they may be on a continuum of re-experiencing distress (Douglass et al., 2022; Van der Kolk, 2014). The pressures these students face in HE may prevent them from learning from a place of homeostatic wellness and disrupt all dimensions of their lives (Douglass et al., 2022; Lipson & Eisenberg, 2018; Locke et al., 2012; Moss, 2017). Students may lack trust or feel powerless within the structural HE system (Breault, 2003; Douglass et al., 2022; Noddings, 2012) and instructors "need to generate educational space that allows them to be challenging, caring, inspiring, and alert to their students' intellectual travails and attuned to their inner conditions" (Battiste, 2013,

p. 66). As the student body becomes increasingly diverse, including first-generation learners, those from minority groups, those who are socioeconomically disadvantaged, and those who have mental health challenges, the faculty team must recognize the potential risk that these students will have high attrition rates (Holcombe & Kezar, 2020; Kezar, 2018; Marginson, 2016). Through daily utilization of the ethic of care (Noddings, 2013), we must work toward improved support for those who are in distress or who are notably struggling.

Organizational Structure, Leadership Approaches, and Practices

Leadership theories and approaches at SRU vary, depending on the lens through which one is viewing. The overall governance is hierarchical with a structural functional organization (Capper, 2019; Manning, 2018; Northouse, 2019). A provincially legislated University Act (Provincial Government, 2023) defines SRU's power, structure, and operations. Those in positions of authority make decisions that affect departments vertically below them on official organizational charts. However, not all departments operate within structural functionalism. Ethical and social justice leadership perspectives are also prevalent. Staff at a Teaching and Learning Centre (TLC, a pseudonym) promote excellence in the learning environment and continual movement toward EESJ on campus. Educational opportunities for knowledge and skill development are always available for faculty and staff at the TLC. From institutional digital and recruitment perspectives, SRU also advertises ethical and social justice approaches through carefully structured wording that pledges EESJ, decolonization, and student support throughout learners' educational journeys. The presence of similar language on formal documents such as strategic plans and vision statements reveals that SRU aspires to such EESJ outcomes.

The leadership structure of the nursing department appears to exist between the overarching hierarchical approach within the SRU body and the ethical and social justice

approach used by TLC and in institutional promotional materials. The nursing department seems
to adopt SRU's aspirational EESJ values only virtually (Birnbaum, 2000), and often utilizes
cultural or collegial leadership approaches where past players, subcultures, values, and language
provide a backdrop (Kezar, 2018; Manning, 2018) when students are in distress and the status
quo is generally maintained. While camaraderie and community are common, history and
tradition also carry substantial weight in the department. Such historical knowledge is valuable,
but it has the potential to create unequal power environments (Blackmore, 2013) where
marginalized faculty and students are not always heard. However, structural functionalism is also
touted as being necessary to achieve nursing program accreditation, to maintain rigour within
course delivery, and to graduate work-ready nurses. Sometimes this structure also results in
rigidity and strictness in handling situations when students are in distress. Recognition of the
influence of these varied structures and leadership approaches will be paramount in seeking
change for greater support for students.

Leadership Problem of Practice

At SRU, and in my role as a nursing professor, it is common to see students struggling
with various forms of distress such as financial, psychological, physical, or personal. These
stressors, which may have arisen from within or outside (Burke et al., 2021) of students'
educational experiences, have the potential to disrupt their ability to learn, their health and well-
being, their self-efficacy, their decision-making abilities, and increase their risk of self-harm
(Kitzrow, 2003; Lipson & Eisenberg, 2018). Not all faculty members know their students well
enough to recognize when learners are first showing symptoms of distress, and too often, it is
recognized at a late stage when students' struggles have heightened in severity and/or course
failure is imminent (Burke et al., 2021; Winger & Olson, 2015). Distressed learners are often

referred to student services but unfortunately, waitlists are long, and their mental health can deteriorate while they are waiting for assistance (Anderson, 2020; Brown, 2016; Moss, 2017).

While struggling students await support services, a nursing program progression policy provides guidance for the faculty team, but interpretation of the policy varies greatly between instructors. The policy calls for the implementation of official documentation in which faculty members outline their concerns about students and set out expectations for learners' upcoming performance, behaviour, and academic achievement. The documentation becomes part of students' official records and contains wording that can range from potentially unreachable requirements (e.g., very strict) to supportive and collaborative partnerships with faculty members within which students can succeed academically and learn new skills in coping with stressors. If students do not meet the requirements set out on the paperwork, they could potentially fail courses or be removed from the nursing program. While many faculty members attempt to assure students that the documentation is not meant to be punitive, it has the potential to increase students' distress and disempowerment when they are already struggling (Civitas Learning, 2020; Flynn, 2015; Wei et al., 2020; Yancey, 2021).

The conversation about student distress is necessary as HEIs focus on retention and on goals promoting EESJ for marginalized groups (Berkovich, 2014; Burke et al., 2021; Canadian Federation of Students, 2018; Tamtik & Guenter, 2019; Van Herk et al., 2011). However, nursing faculty members are under much pressure in a multilayered context as they are required to meet student needs, while upholding the requisite standards of the nursing profession (PCN, 2023b), and meet increased HEI demands with insufficient resources (Busch, 2017). These complexities have led me to a Problem of Practice (PoP) which asks what can be enhanced or further developed in the SRU nursing department to create more effective support for students

who are in distress or who are notably struggling. Appendix B offers a visual of the PoP in terms of the progression of factors when students are struggling.

<div align="center">**Framing the Problem of Practice**</div>

To frame this PoP, let us begin with the question: why change? The nursing program has used the same progression policy for years, and many in the department are comfortable with the traditions, the culture, and the way we have always done things (Buller, 2015; Kezar, 2018; Manning, 2018). It is true that creating change in HEIs is slow, complex, and filled with resistance. But society has changed around and within the community of nursing students, and the following exploration of my theoretical lenses and a PESTLE analysis of influencing factors will be helpful to examine this PoP and the reasons for the change.

Theoretical Framing

As I envision this change, critical theory and intersectionality are two worldviews that shape the way I conceptualize this PoP. Both theories point me toward student and faculty empowerment, policy critique, hearing silenced voices, power structures, and advocating for those who are marginalized (Capper, 2019; Crenshaw, 1991; Fehrenbacher & Patel, 2020; Hancock, 2007; Martino & Rezai-Rashti, 2013). Critical theory also challenges dominant discourses and the status quo (Alvesson & Deetz, 2006; Asghar, 2013; Buller, 2015; Capper, 2019; Mack, 2010; Rottman, 2007) of the implementation of the progression policy between faculty members and students. In addition, through both critical theory and intersectionality, I consider the voices of individual faculty members who may be marginalized themselves while supporting students. For example, some faculty members may wish to support students more fully but are unable to do so because of unequal power relations and dominant perspectives (Van Herk et al., 2011) within the department.

Another of my worldviews involves cultural theory, through which I aim to analyze assumptions, beliefs, differences between espoused/actual values, and artifacts (e.g., the nursing progression policy) (Argyris, 1997; Schein, 2017). I must understand the genealogy of the policy (Bacchi & Goodwin, 2016), and how struggling students were supported in the past to fully grasp the context (Manning, 2018). From speaking with senior faculty members, I understand that the existing policy was created years ago during a change process that was not fully successful (e.g., it was intended to be changed more extensively, and further revision is required [Cuban, 1990]). Through the integration of cultural theory lenses, we may discover symbolic meaning behind historical patterns (Bolman & Deal, 2017; Kezar, 2018; Morgan, 2006) within the policy. A question that should be asked is: why does the nursing progression policy have to be so strict and written with such punitive language? For example, wording in the policy refers to students' practice having areas of concern, or requiring corrective learning where restrictions are applied, and failure is one of the possible consequences for unsatisfactory performance. If the reason for the chosen policy language is based on patient safety, are we too focused on that and not enough on recognizing struggling students' personal contexts? Perhaps, as Kezar (2018) wisely posited, those symbols (e.g., the progression policy) and their shared meanings need to be recreated, so that both patients and students will have their needs met.

PESTLE Analysis

The student population in the nursing program is becoming increasingly diverse, with a wide variety of socioeconomic, mental health, and personal needs. Recognizing and discerning underlying factors for the ways in which student distress is handled will help in understanding their influences on this OIP. I now offer a PESTLE analysis and explore political, economic,

social, technological, legal, environmental, and external (system) factors that drive the need for organizational change (Deszca et al., 2020; Kezar, 2018; Sammut-Bonnici & Balea, 2015).

Political and Economic Factors

The political and economic factors that affect this OIP are intertwined and made up of multiple components including neoliberalism, finances, and the Covid-19 pandemic. At an institutional level, SRU acts as an agent for the provincial government, providing a service of post-secondary education. Neoliberalism and the shift toward the marketization of HEIs have resulted in budget cutbacks, heavy workloads, and competition for funding in the last decade (Austin & Jones, 2016; Busch, 2017; Stensaker, 2015). Public funding for HEIs continues to decrease, with SRU's institutional grant reduced to 40% in 2022, down from 47% in 2012 (SRU, 2023a). Funding reductions have made budgeting complex, with a need for financial intentionality in upcoming years. In addition, the effects of the global Covid-19 pandemic are cumulating into an expected $18 million deficit at SRU, the recovery of which could take six years (SRU, 2023a). Institution-wide strategies are being implemented to increase revenues and decrease expenses including expanded course offerings, enhanced student retention, and delivery of in-demand programs (SRU, 2023a). As well, the provincial government has mandated an increase in program seats in hopes of introducing more nurses into the struggling healthcare system. While the SRU nursing department is coping with each of these expectations, it has increased pressures on already hard-working faculty members and these stressors may make it more difficult for them to recognize when students are in distress (Blackmore, 2013).

From a departmental perspective, while the nursing program consistently has high numbers of applicants who seek admission, the average attrition sits at 15% with most students completing the 4-year degree within the 6-year allowable timeframe (SRU, 2022). Most students

in the program are supported by financial aid. A question that should be asked is whether students in distress are receiving adequate institutional support to promote their retention, and what overall impact this has on the political and economic needs of SRU as an organization.

Social Factors

Power within culture has a psychological influence on individuals and pedagogical practice due to language, structure, and policy (Blackmore, 2014; Holcombe & Kezar, 2020; Manning, 2018). Lumby (2012) asserts that a "dominant culture is likely to be working in each college in favour of some and disadvantage others" (p. 580). Due to the longtime use of the existing progression policy in the program, and the historical rigour in the nursing profession (Gibbons, 2010; Reeve et al., 2013), I am intrigued by Bryson's (2008) references to emerging and residual cultures as potential alternatives to a dominant one. Emerging cultures may arise from faculty members who seek acknowledgement of student marginalization, inequities, and stressors and strive to collaborate with SRU campus personnel to promote retention. Residual cultures may be those that exist from an earlier time, perhaps those individuals who created the existing policy. The makeup of the department also bears consideration in this argument. Because 88% of nursing students identify as female, 10% identify as Indigenous, and the faculty team lacks diversity in gender, leaders should be finding ways to challenge inequalities and dominant voices to empower (Mack, 2010) both students and instructors.

In addition to power, this section also encapsulates the social stigma that is attached to students receiving support when they are in psychological distress (e.g., mental health concerns, domestic abuse). Many SRU nursing students have recently graduated from high school (SRU, 2022) where provincial curricular changes in the last decade have resulted in teaching that is focused on the growth, development, and nurturance of social justice citizens (Provincial

Ministry of Education, 2008). The shift to the rigorous nursing program delivery can be

challenging for struggling students and they may be hesitant to seek out assistance due to shame

or their perception of stereotypical beliefs held about them (Clement et al., 2015; Cullinan et al.,

2020; Deasy et al., 2016). Individual faculty members may also have beliefs and biases (Burke et

al., 2021) about students' fitness for nursing practice (PCN, 2023a) while they are in distress.

The personalized meaning of distress and how it translates into fitness to practice should be

explored to prevent the inadvertent oppression of marginalized students.

Technological Factors

The Covid-19 pandemic moved SRU, like many other institutions, into a digital

environment where learning and support services had to take place. During this time, mental

health for students became a topic of concern and conversation in HEIs; it was known that they

were already struggling before, but the pandemic heightened those issues (Anderson, 2020;

MacPhee, 2020; Solnit, 2020; Veletsianos & Houlden, 2020). At SRU, faculty teams and student

service departments had to find new ways to assess student needs, with many learners finding it

difficult to be transparent with their feelings in an online environment. Because some courses

have continued in the online or hybrid format, continuing to build capacity in faculty awareness

about student distress should remain a priority.

Legal Factors

Updated policies and practice approaches should be reflective of current legal precedents

as they could be used to support faculty and students (Alexander & Alexander, 2016; Burke et

al., 2021) when appeals or human rights cases occur. SRU's policy and planning personnel and

legal counsel have made appeals to the nursing department to revise the progression policy as it

is outdated. Having a policy that reflects current legal language would also be beneficial for

nursing accreditation bodies for program approval to show an awareness of current legal climates and ensure that protocols and supports are in place for both faculty members and students.

Environmental and External (Systemic) Factors

Consideration of the broader SRU environment and external systems will also be helpful for this OIP. Earlier, I reflected on the political neoliberal impacts on this PoP, and Fredman and Doughney (2012) agree that HEIs are constantly challenged by marketization, heavy workloads, and achieving the quality of education that they aspire to. But there is also pushback against the corporate governance models that accompany this era (Austin & Jones, 2016), and the nursing department has recently been granted a reduction in faculty members' teaching workload in an effort to achieve parity with a few other campus departments. Because the workload remains high, however, the TLC staff are further working with faculty members to streamline the nursing program by eliminating redundant student assignments and reducing program documentation. At SRU, the presence and active efforts of the TLC reveal that the "values, culture, and shared goals" act "as the glue that holds [the] organization together" (Nadler & Tushman, 1999, p. 58). Perhaps this environment of holding fast to values (Taylor, 2017) can be credited to SRU being a teaching university where the institutional culture invites student support, collaboration, and interconnectivity (Broucker & De Wit, 2016). These aspects of the SRU culture will be vital components for this OIP to be successful.

Beyond the institution of SRU lie several external environments, and systems theory helps me to recognize the interrelationships that exist (Bertalanffy, 1968; Nadler & Tushman, 1980; Senge, 2006) between this PoP and the surrounding healthcare system, accreditation bodies, and the broader nursing profession. Each of these systems, which are also affected by their own unique PESTLE factors, are pillars for the SRU nursing program and should be

considered in how they influence change in this OIP. In Appendix A, I outline the factors that influence this PoP in a visual format.

Guiding Questions Emerging from the Problem of Practice

As I reflect on this PoP and move toward greater support for students in distress, there are three significant questions or challenges that need consideration: 1) As external participants, what voices should the healthcare system and the broader nursing profession have in this change process? 2) How can both barriers from faculty members and concern for instructors be fostered and bridged? and 3) What role might students play in addressing this PoP? Contemplating and planning for these questions will aid not only in recognizing challenges and directing the implementation of this OIP, but also in building necessary relationships between participants.

Representation from the healthcare system and the nursing profession should be considered in the change process. Austin and Jones (2016) and Black (2015) encourage change teams to consider external views while building the vision, setting goals, and strategic planning. Determining when and where to integrate these voices will be helpful to understand the impact of student support on the broader systems and, in turn, their effect on improvement efforts.

There may be faculty that resist change as will be illuminated in this OIP. They may believe that: a) supporting students is not their responsibility but rather that of counsellors (Moss, 2017; Reynolds, 2013); b) they must establish professional boundaries and self-care to survive in their roles, and supporting distressed students pushes them into discomfort; c) student issues are confidential and should not be discussed collaboratively; and d) the change initiative will mean that all struggling students are supposed to be passed in their courses. Extending concern for instructors' well-being (Noddings, 2005a) and seeking understanding about their concerns is needed to build trust, while at the same time clarifying the intention of the change process.

Hearing the needs and voices of students is central to my understanding of an improvement process in the nursing department. Tamtik and Guenter (2019) stress that "only by recognizing privilege, creating space, and making distinct programmatic supports available for equity-seeking student groups can institutions truly address the issue of equity, diversity and inclusion" (p. 49). Perhaps one way to "make known the voices of those who are silenced" (Shapiro & Stefkovich, 2016, p. 30) is by involving them in SRU governance (Austin & Jones, 2016). A Student/Instructor Partnership Committee (SIPC) exists in the department; a trusted and shared space of faculty members and learners, where students can provide feedback and suggest changes regarding delivery of the program. Students also have seats on other SRU committees (Austin & Jones, 2016) where their voices represent pockets of the campus population. But I question whether marginalized students have the courage to be part of such groups, or if their voices are heard and valued. Perhaps the most important point is that a pedagogy of discomfort may exist because of students' concerns that challenge SRU beliefs and assumptions, and it would be a collective struggle (Boler & Zembylas, 2003) to have such EESJ dialogue.

Leadership-focused Vision for Change

The leadership-focused vision for change conveys the gap between the present state of this PoP and my desired future environment, as well as priorities within the change. Within this vision, I will also consider its potential effect on other inequities at SRU and the leadership that will be required at the macro, meso, and micro levels of discourse.

Vision for Change

In my vision for organizational change, I must balance my optimism with realism about what may be possible at SRU. Visions can serve to strengthen and transform existing cultures, or alternatively, they can accelerate counterproductivity and cynicism (Deszca et al., 2020). The

vision must be pragmatic and built on readiness. Because the nursing curriculum itself is structured on values similar to those I am arguing for in this PoP, such as caring, advocacy, and reflexivity (SRU, n.d.), I envision faculty that will be introspective, intuitive, and able to detect students' struggles at an early stage before their distress escalates into emergent situations (Baik et al., 2019; Burke et al., 2021; Eisenberg et al., 2012; Winger & Olson, 2015). I foresee holistic and humanistic connections from faculty members (Battiste, 2013) that lead to collaborative efforts with other SRU campus participants to support students. I further intend for faculty to be well-supported as they work with students in distress, and that they have a dependable foundation within SRU and the nursing department to lean on.

In addition, there should eventually be a shift in culture that is more aligned with SRU's EESJ visions (Kezar, 2018) in supporting marginalized students. In my conversations with other SRU departments such as Human Rights and Policy and Planning, I understand that this improvement process will be the first of several similar change developments on campus. Other departments also have outdated policies for student progress issues. As these change processes unfold at SRU, there is further hope that the culture of student support that is already so evident in some areas on campus (e.g., through the TLC) should extend into other departments. Realistically, I know that will take time.

From a student perspective, my vision is that the nursing program becomes known as one where learners are immersed in a safe holistic environment, where they can honestly express their needs, anticipate support, and not feel that faculty is out to crush them (Seibel & Fehr, 2018) with unreasonable expectations and unequal power dynamics. Since the nursing profession ostensibly is built on care and advocacy for those who are marginalized (Anderson, 2000; Enestvedt et al., 2018), these concepts should be interlaced throughout student progress issues.

Gap between Present and Future Envisioned State

The gap between the present state in this PoP and the above-envisioned state includes progression policy language deficits and a lack of faculty confidence, ability, and/or choice to support students when they first show signs of distress. A component of this gap centers around the language used within the existing policy that results in inconsistent interpretation when students are struggling. As mentioned earlier, current policy terminology such as student issues, corrective plan, risk of failing, limitations, and restrictions result in some faculty taking a punitive approach rather than a supportive one when students are struggling. Another component of the gap between this PoP and the envisioned state focuses on faculty capacity in partnering with students in distress. Due to the lengthy wait times for student services, it is important for SRU to build capacity within the faculty so students are supported in the interim. And while instructors need to have that capacity, it is equally necessary for them to be supported while they are working with students. These are the gaps that I carry forward in this OIP.

Priorities for Change

There are three significant priorities for change in this OIP. The first priority is to establish a clear and compelling vision for change. Recognizing that the nursing program progression policy has been used for years, and that historically nursing is known as a rigorous and stressful program (Gibbons, 2010; Reeve et al., 2013), to suggest a change to the status quo will require extensive preparation. Relationships will need to be bridged not just between allied faculty, but also with the deans and campus departments such as Student Services, the SRU Student Advocate, and Human Rights. Once there is buy-in for the OIP, work can commence on establishing the vision in such a way that it will also be accepted as compelling by others (Whelan-Berry & Somerville, 2010). Continued networking with key participants is required to

establish a strong contingent that is in favour of the change (Lumby, 2012) so they can exert positive influence about the improvement plan as it evolves (Kezar, 2018; Manning, 2018).

The second priority for change is to consider the capacity and well-being of the faculty (Noddings, 2005a). As mentioned earlier, even with a workload reduction, nursing instructors have stressful roles. The voices of SRU faculty members are not always heard, and they must be in any improvement plan. In the nursing program, students are taught that they must take care of their own well-being before they can effectively care for others, and the same should be true for instructors. While it is true that I am promoting social justice and a voice for marginalized students in this OIP, the faculty must also have access to resources and opportunities to build capacity as they navigate challenging student situations (Burke et al., 2021). If the health of faculty is not a concern, the EESJ goals I envision as a part of this OIP would not be met.

The third priority is the creation of a strategic communication plan, and some argue that it is the most important component of a change process (Beatty, 2015; Elving, 2005). The change team and I must have a profound understanding of what is required for organizational improvement, knowing that if communication is done well, it can be a change driver throughout the process (Whelan-Berry & Somerville, 2010). In Chapter 3, I will delve into transparency, trust, momentum, participant engagement, and other vital elements of communication.

Leadership at the Macro, Meso, and Micro Levels

When considering this OIP, I recognize its many layers and that leadership from multiple areas will be required to move it toward success. The leadership needed for that process will include those who challenge the status quo, inspire vision, encourage others to act, and model the way (Kouzes & Posner, 2017; McCaffery, 2018). Within that leadership, change influencers should have a strong understanding of the formal structures (Deszca et al., 2020) of SRU and

promote collaboration between departments and with external participants. The relationships that form will create spaces for discourse at macro, meso, and micro levels, as seen in Table 1. I have identified macro topics as those that affect HE as a whole (Buller, 2015), meso as the change process itself, and micro as being context-based within the nursing department where the change will occur (Buller, 2015; Kezar & Eckel, 2002b). The levels of required leadership are also identified in Table 1 with further consideration needed by change influencers about the realistic expectation of the presence of voices for macro discourses. While I need to have a keen sense of how those macro events affect (Deszca et al., 2020) the nursing department, I do not anticipate changes in those areas as they are international, national, and provincial issues. The dynamics of the macro, meso, and micro discourses of this OIP will be discussed in Chapter 2.

Table 1

Leadership at Macro, Meso, and Micro Levels

Level of discourse	Topic of consideration	Necessary leadership support
Macro	Neoliberal influences (e.g., heavy workloads, waitlists for student services)	SRU administration, deans, collaborative
Macro	Government-mandated increase in program seats	SRU administration, deans, collaborative
Macro	Influence of healthcare system/nursing profession culture and expectations	Health authority representatives, collaborative
Meso	Future progression policy revisions	Deans, SRU legal counsel, SRU policy personnel, collaborative
Micro	My positionality and agency	Deans, change team, collaborative
Micro	Dynamics and culture within nursing department	Deans, TLC, collaborative
Micro	Status quo when working with students in distress	TLC, faculty union, deans, collaborative
Micro	Hierarchy/seniority and those with a voice in nursing department	Chair, deans, collaborative

Conclusion

In this first chapter, I have presented a PoP in the SRU nursing department pertaining to the support of students in distress. It is my hope that the Covid-19 pandemic has created a

window of opportunity for change (Cairney, 2016) in how faculty and staff work together to

partner with marginalized students. Using the concept of sensemaking (Blaschke et al., 2014;

Jäppinen, 2017; Kezar & Eckel, 2002a; Krogh, 2018), the challenges faced by struggling

students (MacPhee, 2020) and overworked faculty can contribute toward improvement. Through

the introduction of my positionality, the organizational context, multiple theoretical perspectives,

leadership approaches, guiding questions, and a vision for change to frame the PoP, I have laid

out a foundation from which to conceptualize this OIP. In Chapter 2, I will explore, plan, and

develop a leadership strategy for the intended change in the nursing department.

Chapter 2: Planning and Development

The vital spark, the dynamic of organization is made from nothing more substantial than people doing and thinking…limited by and defined by human action…manifestations of mind and will. (Greenfield, 1980, p. 27)

Sound straightforward? While the above quote might be true, this PoP in which I seek support for students in distress is complex and will require much work. That effort is crucial because of HEIs' duty to educate and successfully move citizens into the workforce to meet the needs of society (Watson & Watson, 2014). Buller (2015) reminds us that "each year another group of students passes through…[t]hey have different needs from the students who graduated only a few years before, and we have to change in order to meet those needs" (p. 56). In Chapter 1, I identified gaps in this PoP related to policy language deficits, inconsistent interpretation of policy, and faculty capacity in supporting students. In this chapter, I will present a leadership approach for the desired change and the frameworks to support it. I will also critically examine readiness for change at SRU and propose solutions to address the PoP. Perspectives of EESJ are central to planning this organizational improvement and will be woven throughout this chapter.

Leadership Approaches to Change

As mentioned earlier, critical and systems organizational theories, and intersectional and cultural perspectives are my underlying worldviews in this OIP; they provide a framework from which I explore leadership. Since foci such as EESJ, power within relationships, assumptions, voice, and beliefs are vital components of the PoP, they must also align with and contribute to change-oriented leadership approaches. To meet those needs, I have chosen transformative leadership (Shields, 2010) as a primary framework, and shared leadership (Birnbaum, 1989) as a secondary supportive approach, and will describe them in the following section.

Transformative and Shared Leadership

Transformative leadership is grounded in changing the status quo, equalizing power, advocacy, and social justice (Foster, 1989; Kuenkel et al., 2021; Shields, 2010). My consideration of transformative leadership must begin with reflective analysis of the experience of students in distress and the faculty team who walks alongside them, and then move "through enlightened understanding to action…to redress wrongs and to ensure that all members…are provided with as level a playing field as possible" (Shields, 2010, p. 572). Shared leadership (Birnbaum, 1989) will be valuable as I acknowledge the collegiality and overall mutual respect (Bergman et al., 2012; Kezar & Holcombe, 2017) in the nursing department, and in the broader culture of support at SRU. With these approaches, we can advocate for a vision of student support, while upholding and appreciating already present qualities on campus.

A transformative approach can be used to analyze contextual elements in this PoP, from cultural, political, economic, to social environments. For example, from the perspective of system influences such as nursing accreditation and healthcare, Gready and Robins (2014) state that a transformative lens encourages a reform of priorities away from legal overarching requirements to the needs of community and individual lives. While official duties are necessary, I would urge a closer look at the student population, those who are marginalized, and ensure that their needs are met. Another example is the viewing of faculty members and students through the intersectionality lens; with the transformative approach, I can advocate for the marginalized and focus on inclusion, equity, and social justice (Brown, 2004; Shields, 2010; Shields & Hesbol, 2020). This is necessary as at times faculty members are unable to support students due to power imbalances in the department. In other instances, students suffer the effects of those power differences within faculty/student relationships and their voices, contexts, and needs go unheard.

Propelling the Change Forward

　　　　Together, transformative and shared leadership will guide the change team to plan for greater support for students in distress. As Shields (2020) offers, transformative leadership is based on two premises and eight tenets. The two premises point toward the value of inclusion, capacity building, and recognition of voice (Shields, 2020). The eight tenets emphasize: 1) a mandate for equitable change; 2) a need to deconstruct and reconstruct knowledge; 3) a need to address power distribution; 4) a presence of private and public good; 5) a focus on equity, justice, and emancipation; 6) a presence of interconnectedness; 7) a need for critique and promise; and 8) a call for courage (Shields, 2020). In addition to weaving through the transformative premises and tenets, the use of shared leadership will enhance collaboration, participation, and more complex ways of thinking about the PoP (Kezar & Holcombe, 2017) due to the existing collegial culture (Kezar, 2018) within the nursing faculty team.

　　　　However, we must remember the influence and power (Shields, 2020) that is historically present in nursing (Anthony & Brett, 2020; Seibel & Fehr, 2018) and that often prevent the sharing of views between faculty. Using transformative tenets will assist to seek connectedness, distinguish marginalization, and create new ways to support students (Shields & Hesbol, 2020). Integration of intersectionality and critical lenses will aid in critiquing inequities (Shields, 2010) in the progression policy and its implementation. At present, students or their struggles are often blamed (Pyles, 2021) rather than analyzing potential system influences (e.g., when students suddenly achieve low grades, but they are lacking food at home, or their anxieties are intensified by stressful program demands). Although some faculty resistance is expected in this OIP, shared and transformative approaches can promote group cohesion (Northouse, 2019) while others within the allied network will accept leadership roles to move the change forward (Kezar, 2018).

Potential for Inadvertent Marginalization or Oppression

EESJ for marginalized students is at the core of this OIP. However, all the planning is wasted if "one group's freedom and power is bought at the price of another's freedom and power" (Cohen et al., 2018, p. 75). As mentioned earlier, one expected barrier is that faculty may assume that the goal of this OIP is for all students to pass their courses without consideration of their distress level or ability to nurse. This would violate faculty autonomy and voice and would conflict with Shields' (2010) transformative element of advocating for both "individual achievement and public good" (p. 562). Shields (2010) adds that the transformative leader should not simply seek success for all students, but rather "create learning contexts or communities in which social, political, and cultural capital is enhanced in such a way as to provide equity of opportunity for students as they take their place as contributing members of society" (p. 572). Creating a space to clarify misunderstandings and maintain equity will promote trust.

In this process, I should not position myself as the only one with relevant knowledge (Schön, 1983), where I choose who needs emancipation and who needs to change (Mack, 2010). Seeing fault or casting blame on faculty members creates further inequalities (Mack, 2010) that broaden the already existing divisions in the nursing department. Through transformative leadership, critical, and intersectionality lenses, reflexivity will be required to monitor the varied contexts in the nursing and healthcare systems, to address inequalities and to re-envision the status quo for greater social justice (Gage, 1989; Mack, 2010) for students and the faculty who support them.

Agency to Impact and Diagnose Change

Determining my role and agency will assist in situating myself alongside others in the change process. A transformative approach enables us to network, engage in dialogue, obtain

buy-in, and model a commitment to a shared vision (Kezar, 2018; Whelan-Berry & Somerville, 2010). As we[1] partner with participants, my personal traits of openness, acceptance, and adaptability will help to establish trust in our relationships. Professionally, I am confident and passionate from working with marginalized students in the past. I am also a natural encourager and, through shared leadership, we will observe for potential in participants and make connections with other campus personnel or external healthcare members (Kezar & Holcombe, 2017). While these are presented as my traits, I know that as we work collectively our leadership behaviours can be a catalyst (Whelan-Berry & Somerville, 2010) for transformative change.

That said, I also have limitations. While I can envision a new environment for struggling students, can we as a change team communicate it convincingly to others? A transformative leader "both inspires and transforms individual followers so that they too develop a new level of concern" (Foster, 1989, p. 41). These are lofty aspirations for someone like me who has minimal seniority and whose voice is not always heard. My own leadership is emerging (Pearce & Conger, 2003) and through collaborative efforts, we will encourage the same growth in our colleagues as we seek transformative change for students. Assistance from the deans, the nursing chair, and other senior campus leaders will be instrumental to champion and move this improvement plan forward through partnership with fellow faculty member advocates.

My leadership approaches will also influence dialogue about the diagnosis of the PoP. Diagnosing the problem accurately is vital, so the solution determined is appropriate (Armenakis & Harris, 2009). If it is misdiagnosed, change may need to occur again and again (Cuban, 1990). Shared leadership will help increase our group's effectiveness (Northouse, 2019), so we can collaboratively diagnose, dialogue, prepare for change, and promote readiness and buy-in

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[1] For the remainder of this OIP, when I use the pronoun "we", I mean myself as an active member within the change team working together as a collective, focused on students.

(Armenakis & Harris, 2009). A further advantage of shared leadership lies in the involvement of multiple participants at different levels in SRU, and their influence on multiple layers of change as it unfolds (Kezar, 2018). The premise of shared leadership similarly aligns with the mediating role that intersectionality theory can play. In addressing poverty, empowerment, and inequality, using an intersectionality lens can enhance the diagnostic process (Hancock, 2007). Interaction between all contextual factors "will illuminate a comprehensive picture, providing the best chance for an effective diagnosis and ultimately an effective prescription" (Hancock, 2007, p. 73). Relying on a combination of these lenses will assist the change team in effecting change.

Framework for Leading the Change Process

To plan and facilitate the change sought in this PoP, I will utilize the ADKAR Model (Prosci, 2021d) with components of the Concerns-based Adoption Model (CBAM) (Hall & Hord, 2015; Hall et al., 2008) as a framework for leading and communicating the process. I will discuss CBAM further in Chapter 3 as a communication tool. It should be noted that there are other models that would also work well for this OIP. The Cawsey Change Path Model (Deszca et al., 2020), for example, with its awakening, mobilization, acceleration, and institutionalization stages, aligns with my desire to discern the experiences of distressed students and move toward greater EESJ. Because models never "fully explore or display all factors that influence the success of organizational change" (Errida & Lotfi, 2021, p. 1), recognizing how alternate models could benefit this plan is helpful so further dialogue can be integrated in meaningful ways.

Choosing the ADKAR Change Model

ADKAR, founded by Hiatt (2006), is the primary model for change processes used at SRU. Many employees have been trained in the model and its accompanying tools and speak of

its effectiveness and ease to navigate. Because of this institutional comfort, I am adopting

ADKAR in hopes that its familiarity will contribute to a less threatening change environment.

ADKAR is a flexible model that has five elements: Awareness, Desire, Knowledge,

Ability, and Reinforcement (Angtyan, 2019; Prosci, 2021d) and these stages are broad and viable

enough to guide this OIP. Assessing the SRU organization during the Awareness element must

be done methodically (Greenfield, 1980) and involves an understanding of why the change is

needed, and the risks of not doing so (Hiatt, 2006). Internal and external change drivers (Buller,

2015) such as SRU EESJ goals, accreditation requirements, retention data, and pandemic-related

nursing shortages will also be examined during this initial ADKAR element. Desire is the second

element and "represents the motivation and ultimate choice to support and participate" (Hiatt,

2006, p. 14) in the change. The Knowledge element represents how to change and what it entails

(Hiatt & Creasey, 2012), and often involves education and understanding of new behaviours in

practice (Hiatt, 2006). During the Ability element, participants demonstrate that they have the

skills required to make the change (Hiatt & Creasey, 2012). Throughout the Desire, Knowledge,

and Ability elements, individual change will be sought and nurtured. Morgan (2006) encourages

intuition, the suppression of judgments, and recognition of varied perspectives during these

times. The last ADKAR element is Reinforcement, and it is a crucial period in the strengthening

of the change (Hiatt, 2006). Reimers (2020) cautions against interrupting the development too

early, indicating that little change may occur if the timing is not calculated well.

In addition to comfort with ADKAR at SRU, there are other aspects of the model that

align well with this improvement plan. ADKAR is referred to as a processual model, where steps

for conducting and managing change are indicated (Errida & Lotfi, 2021). The model focuses on

individuals and their adaptation to change (Bekmukhambetova, 2021; Deszca et al., 2020), with

Hiatt and Creasey (2012) stressing that individual change is necessary for organizational success. For this OIP, promoting change at the faculty level is ideal (Whelan-Berry & Somerville, 2010) because they connect closely with students and may be the first ones aware when learners are struggling. ADKAR can be used for change at all employee levels (SA Board for People Practices, 2016) and includes tools for readiness, coaching, and resistance management (Hiatt, 2006; Prosci, 2021a) which can be adapted to align with the needs of participants.

When using ADKAR, we will also be utilizing the three-phase Prosci (2021d) descriptive change management methodology, which highlights variables and factors that affect the success of organizational change (Errida & Lotfi, 2021). These phases include the preparation of the change approach, managing the change, and sustaining the outcomes (Prosci, 2021d), which will be instrumental in tailoring the improvement plan to a nursing context. For example, micro discourses about ensuring that faculty voices are heard will be captured in Phase One and early stages of Phase Two of the methodology. Strategic planning will be required to analyze internal and external system factors that affect faculty and student voices which, in turn, will promote EESJ. Higgs and Rowland (2005) emphasize that problems cannot simply be solved by coming up with a definitive solution, but rather that complex dilemmas must be assessed during the change process. Through the combination of ADKAR with Prosci's (2021d) change management methodology, there is capacity to capture the rich contextual factors described in Chapter 1.

Feedback loops will add further depth of analysis and capacity within ADKAR to meet the needs of the PoP. While the model itself does not contain feedback loops, Prosci (2021c) suggests they may be helpful in the change management phase, and again when the project is being reviewed, and I argue for the incorporation of feedback as often as is felt necessary within the collaborative environment. Intuition (Elliott, 2015; Morgan, 2006; Tsoukas & Chia, 2002)

into when, where, and how to seek feedback in change management is like the insight used when

teaching students (Palmer, 2017), or when assessing if students are in distress (Burke et al.,

2021). While multiple opportunities for participant input could be clearly defined when initially

creating the change plan, other instances of feedback should be unscripted. Open and respectful

invitations for perspectives from faculty, students, or other participants will be necessary to gain

understanding of their experiences. Tailoring these kinds of components of the ADKAR model

to the context of the PoP will contribute to the success (Errida & Lotfi, 2021) of the change.

The focus of the ADKAR model on individual change also aligns with transformative

leadership and EESJ. As the OIP unfolds, transformative tenets (Shields, 2020) such as

recognizing unequal power dynamics, and coming to see layers of intersectionality in

marginalized students will be evident through the ADKAR Awareness and Desire elements. The

transformative tenet of seeking to change the status quo (Shields, 2020) and striving for greater

support for students in distress will be a driving force throughout each of the ADKAR elements.

In addition, as shared leadership is a secondary approach of this OIP, it should be noted that by

focusing on individuals in the nursing department, the ADKAR model can be used as a powerful

tool not only to raise up marginalized students but also "to allow all stakeholders…to add agency

to transformative leadership" (van Oord, 2013, p. 433). Thus, the focus on the individual

contributes toward the building-up of faculty members and students.

First and Second-Order Changes

Visualizing the levels of change within ADKAR is also required to plan for progression.

When I view the plan in small segments, I recognize that policy language revisions or faculty

perceptions of struggling students are first-order changes where minor adjustments are made in

the way things are currently done (Kezar, 2018; Zsebik, 2008). The intention of first-order

change is to fine-tune, seek understanding, and create internal alignment (Deszca et al., 2020)

with more consistent policy interpretation by faculty. Second-order change moves the process

forward and involves conscious working at deeper underlying values and culture (Kezar, 2018),

including sensemaking, knowledge-building, and transforming the ways (Waks, 2007) that

struggling student situations are handled. Realistically, I recognize that the changes proposed in

this OIP will extend beyond the next few years and that they will lay the groundwork for further

second-order change when culture, attitudes, and practice of faculty members begin to shift.

Limitations of ADKAR

Even though ADKAR is accepted at SRU and will serve well in this OIP, it does have

limitations. Warrilow (2009) asserts that ADKAR does not address the emotional component in

change processes. For example, the transition phase between awareness of the need for change

and the desire to take part can be broad (Warrilow, 2009). It will be vital to address participants'

views and reactions during these stages to promote buy-in. While relational practice, trust

building, and feedback loops will assist our change team in hearing various perspectives, we

must be aware of this deficit in the model so alternate methods of emotional connection can be

nurtured. I anticipate leading focus groups, circle conversations, or 1:1 meetings to create

environments to elicit faculty members' feelings about supporting students in distress.

The second critique is that ADKAR ignores the complexity of change and doesn't create

long-term plans to achieve desired visions over subsequent years (Expert Program Management,

2018). Working intentionally on all five elements of the ADKAR model will allow the change

team to place value on the history within the nursing department, nurture relationships, get to

know the culture, identify ethics and power, and highlight incremental steps forward (Burnes et

al., 2018). Furthermore, some changes may not be observed externally, but rather will emerge at

the individual level (Buller, 2015) through simple acts of respectful dialogue about the PoP. Such engagement and the development of thought processes between participants will aid in maintaining the momentum of the OIP.

<div align="center">**Organizational Change Readiness**</div>

In addition to the use of an effective change model, we must also ascertain the level of change readiness in the nursing department. Furthermore, the change team should be aware of internal and external forces that shape the improvement plan, as well as identify the responsibilities of different organizational actors.

Change Readiness

Readiness for change is a crucial factor that is often neglected in plans for organizational improvement (Holt et al., 2007; Krogh, 2018). Armenakis et al. (1993) define readiness as the "beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organization's capacity to successfully make those changes" (p. 681). It is influenced by the alignment of the change to members' values, contextual factors, existing practice, culture, and policies (Kezar, 2018; McKnight & Glennie, 2019; Weiner, 2009). While readiness will be evaluated throughout the process (Hiatt, 2006), it initially fits well in the ADKAR Awareness and Desire elements where recognition of the need for change, and desire to support it are sought (Prosci, 2021d). Knowing that readiness should be measured at individual and institutional levels (Errida & Lotfi, 2021; Weiner, 2009), we must determine where and when to focus attention and dialogue.

Institutional and Administrative Readiness

At present, there are two notable initiatives underway at SRU that align with this OIP (Kezar, 2018). The deans are in the initial stages of leading a group of participants to examine

nursing student progression and retention, with intentions of moving toward policy revision and changes in practice. Since the deans are prioritizing student wellness as outlined in the strategic plan (SRU, 2023e), my vision for change aligns with institutional values. Because of this, SRU institutional and administrative members are already demonstrating support for this OIP (Deszca et al., 2020). The nursing faculty has also been actively involved in discussions about the strategic plan (SRU, 2023e) and its goals. This engagement between faculty and administration is a constructive movement toward readiness (Kezar, 2018) for greater support for students. In addition, SRU recently disseminated institutional teaching and learning principles (SRU, 2023d). These principles include several key goals related to this OIP such as student well-being and development, respectful interaction with students about sensitive topics, equitable assessments of students, value for institutional goals, and overall EESJ. While the presence of teaching and learning guidelines does not guarantee adherence from faculty members, they reveal continued movement and aspiration toward EESJ on campus. The fact that the nursing deans and senior administrative leaders at SRU are supportive of these initiatives is beneficial.

Institutionally, a readiness assessment must encompass three broader aspects of the SRU campus: "culture, commitment, and capacity readiness" (Errida & Lotfi, 2021, p. 6) to determine why greater student support is needed and whether there is a system in place where faculty capacity can be built. Kezar's (2018) Readiness for Change survey as shared in Appendix C will be helpful in assessing readiness (and later implementation) in multiple ways: the involvement of different organizational actors, required leadership, culture, and sensemaking.

The Kezar (2018) survey questions about culture and sensemaking will allow the change team to discern the history in the department and use appreciative inquiry (AI) to see evolution of thought over time (Rafferty et al., 2013; Schön, 1983). The deans regularly meet with the

chair to hear about program status and issues. The relationship between the current deans and the faculty is collegial during committee work or at relationship-building events such as holiday meals. This is an improvement over previous deans where decisions were top-down with little involvement from the faculty (Busch, 2017). Instructors appreciate the relationship and freely engage with the deans when needs arise. Similarly, the chair (a former faculty member) and instructors share a trusted relationship. Often, institutional messages filter through the deans and are interpreted by the chair before being delivered to the faculty. Because the chair knows the departmental context, messages are presented to the faculty in relevant ways. These measures of trust are promising for this OIP, both in its implementation and monitoring of future change.

The Kezar (2018) survey also includes questions about organizational actors, and through this, the change team can assess if participants understand their roles in the initiative (Kezar, 2018). For example, it will be my responsibility to network and collaborate with faculty members to promote dialogue about the OIP. If some participants are unsure about their roles, we will work together to provide guidance. This component of the readiness assessment will also reveal leaders at different levels within the organization and it is here where shared leadership will be advantageous in moving the change forward (Kezar, 2018).

An informal application of the Kezar (2018) survey results in a positive readiness score at the SRU institutional level. The overarching culture on campus displays a deep commitment to EESJ. Through the work of the TLC staff who actively promote institutional values, SRU has the ideal supportive space set up for capacity building for faculty members as they adapt to this change. The TLC, whose mission is to "develop and enhance teaching excellence at [SRU], supporting inclusive, innovative, and engaging student-centered learning" (SRU, 2023f) will be a strong force in the process.

Group and Individual Readiness

Multi-level readiness also ties in with the recognition of shared visions between the nursing faculty and SRU. At the individual and group levels, the change team must focus on "employees' skills and abilities, in addition to their motivation, perceptions, and behaviors toward change" (Errida & Lotfi, 2021, p. 6). Seeking to interpret: what's in it for me? and putting people first (Napier et al., 2017) during the Desire element of ADKAR can be helpful to discover how the change is being interpreted. As a collaborator in this OIP, I must share knowledge about the history and underlying beliefs of the department, so that together we can appeal to aspired values (Kezar, 2018), and seek alignment with institutional ones (Errida & Lotfi, 2021; Kezar, 2018; Nadler & Tushman, 1999). For example, faculty members may aspire to SRU's EESJ goals, but may not have attained them in their practice. The altering of symbols and rituals (Kezar, 2018) such as the documentation that is implemented for struggling students may assist in moving toward new values. When assessing readiness, it is critical that the change team is aware of the impact, context, and the department's capacity in past changes (Hiatt, 2006; Zins & Illback, 2007), so approaches can be flexible to support all members. My insider knowledge will benefit the change team in seeking clarity about group and individual readiness.

The ADKAR Readiness for Change form (Hiatt, 2013) in Appendix D will be helpful to evaluate faculty readiness. Because of ADKAR's focus on the individual and the need to understand people within the process (Napier et al., 2017), I adapted this tool to evaluate faculty members' readiness, their capacity to adopt the change, and their likelihood to incorporate it into their practice. It can be adapted throughout the process as readiness ebbs and flows when other factors are integrated (McKnight & Glennie, 2019). The focus on the individual is essential to identify where clarification is needed throughout the initiative (Napier et al., 2017).

While I expect barriers, I am cautiously optimistic for a measure of readiness for change for the support of struggling students. Judge and Douglas (2009) refer to eight dimensions of readiness, and in relation to this OIP, nursing faculty have (or are moving toward) some of those: trustworthy leadership, capable champions that advocate for EESJ, involved deans and chair, an accountable culture, and a general understanding of systems thinking. The faculty also appears to virtually adopt (Birnbaum, 2000) SRU's EESJ values. At a recent department meeting, the support of Indigenous students was discussed, and there was agreement that "we must do better. They are not just curricular concepts. It must be in our culture" (Anonymous, personal communication, December 5, 2022). Although Indigenous students are not the focus of this OIP, they make up part of the population that I advocate for. The fact that some of SRU's EESJ aspirations were being discussed by the faculty is a positive move toward shared values (Kezar, 2018). Recognizing small movements toward change will allow us to see readiness aspects rather than resistance (Armenakis & Harris, 2009), and engage participants in ways that promote ownership (McKnight & Glennie, 2019) of the change. Each of these components also provides data for the implementation of the change, which will be discussed in Chapter 3.

Consideration of Forces Shaping Change

Readiness tools are also helpful in identifying competing internal and external forces that influence the change (Rafferty et al., 2013), and my lenses and leadership approaches are useful for this discussion. From a systems theory lens, changes in one contextual dimension of the department, such as the pandemic, have the capacity to influence another aspect (Deszca et al., 2020; Mansfield, 2010). With abounding nursing shortages and pressures for more graduates, there needs to be transformative dialogue about how those forces affect struggling students (Watson & Watson, 2014). Understanding the multi-faceted construct of competing forces is

necessary for us to discern the complexity of the change process (Weiner, 2009), and how it can affect the future (Deszca et al., 2020) of nursing within the healthcare system. Through shared leadership and sensemaking, we will work together to interpret those forces and the accompanying tensions (Jäppinen, 2017) and realistically yet optimistically move toward change for struggling students. As an individual, I must be cautious in pushing this agenda forward because of my critical and intersectionality lenses. To counterbalance my biases, shared leadership, relationship, and collaboration will be essential.

Internally, the culture of the nursing department contradicts itself about the support of struggling students. On one hand, faculty members talk about EESJ, but the imbalance of power, horizontal violence (Anthony & Brett, 2020; Rowe & Sherlock, 2005; Seibel & Fehr, 2018), and presentation of pedagogical rigour (Gibbons, 2010; Reeve et al., 2013) reveal a different outcome. Student retention is another internal competing force at SRU. Marginalized students are known to have higher attrition (Holcombe & Kezar, 2020; Kezar, 2018; Marginson, 2016). If the faculty team is intentional about increasing retention, it reinforces the need to promote more effective support of distressed learners.

Externally, nursing program accreditation requirements pose as a competing force that also influences this OIP. Because accreditation processes come with stringent requirements for programs, those expectations filter through to students and at times their educational experiences are disempowering and marginalizing. However, accreditation guidelines also point toward support for marginalized students (CASN, 2020), but those supportive criteria seem to be overlooked and undervalued by faculty members, due to nursing being known as a rigorous program. Working with the change team to promote dialogue about accreditation will be necessary.

As the change team evaluates internal and external forces, using a tool such as Deszca et al.'s (2020) Force Field analysis can provide a visual depiction of the forces for and against the change. In addition, identifying participants within SRU who can act based on those forces (Buller, 2015) is critical to the change process. The deans, for example, will give the OIP leverage, whereas the nursing chair will be able to fine-tune and adjust the plan (Orlikowski, 1996; Tsoukas & Chia, 2002) as this individual is aware of ever-changing contexts due to internal and external forces. Being able to recognize and make sense of those forces will be instrumental in navigating the change process.

Possible Solutions to Address the Problem of Practice

In this section, I will explore how collaborative approaches can assist in seeking transformative change for students in distress. Although the status quo maintains the current departmental practice, it falls short in human connection, creativity, and innovation when partnering with students who are struggling, and who may one day be successful nurses. For these reasons, it is worthwhile to consider three alternate solutions: 1) mentoring new hires, 2) policy language changes with faculty workshops, and 3) building faculty comprehension and capacity, with movement toward policy change. As previously stated, this PoP is structured by critical and systems organizational theories, intersectional and cultural lenses, with transformative and shared leadership approaches, recognizing that other lenses and approaches will be utilized as needed to facilitate change. Each of the three proposed solutions is situated within this conceptual environment with an overarching goal of greater EESJ within the nursing department. Benefits and limitations will be reviewed for each solution, with ethical considerations woven throughout the discussion.

To visualize how the solutions are situated within the contextual environment, they will be examined against change criteria and the availability of necessary resources to conduct the change, as seen in Appendix E. Resources will be evaluated in relation to time commitments, systemic effects, and fiscal impacts. The proposed solutions are also measured in their degree of a) alignment with SRU's strategic plan (2023e); b) opportunity for transformative change; c) addressing change in policy language; d) considering student privilege and power; and e) considering faculty support, capacity, privilege, and power. The criteria meet the requests from SRU administrators to bring the progression policy up-to-date and also address the gaps identified between the current and future state of the nursing context in this PoP. The need for student and faculty voice in relation to marginalization, oppression, and advocacy (Blackmore, 2013; Brochin, 2018; Burke et al., 2021; Dantley et al., 2008; Freire, 2018; Iyer et al., 2008; Shields, 2010; Van Herk et al., 2011) can be readily explored within the criteria.

I will also assess how each solution aligns with Wood and Hilton's (2012) five ethical paradigms of justice, critique, care, profession, and community. I recognize that participants may view the connection of these paradigms differently and that my view is the result of my own situated knowledge (Ford, 2007; Haraway, 1988; Lang, 2011). It will be important to engage with the change team to determine what value the paradigms hold to move the change forward.

Proposed Solution 1: Mentoring for New Hires

The first proposed solution considers extensive mentoring of newly hired permanent full-time faculty members in the support of students who are in distress. Because SRU, as an institution, values an environment of student wellness (SRU, 2023e), adding this mentoring element to the mandatory new hire orientation sessions would be feasible and without financial cost to the nursing department. Due to frequent faculty positions becoming available (as

instructors retire or leave SRU for other personal reasons), the SRU nursing department has been hiring an average of three new permanent full-time instructors annually for the last several years. At present, new faculty members are hired one month before they commence teaching. During this time, they attend approximately eight days of institutional orientation. Most of the orientation is facilitated by the TLC which is staffed by master educators who are aligned with SRU's strategic plan (2023e) and committed to the well-being of faculty members and students.

To facilitate success after the TLC mentoring seminars, new hires would be buddied with other full-time nursing faculty members, like me, who would share in leadership roles. These faculty members uphold SRU values in supporting marginalized students so that new hires can "emulate the attitudes, values and behaviours of attractive and credible role models" (Liu, 2017, p. 346). There would be no financial cost for buddy assignments, as it is customary in the department to volunteer for such activities, however, it would cost faculty time which adds to their existing workload and stressors within the healthcare system.

Benefits and Limitations

The benefit of this solution is that new faculty would immediately be introduced to SRU's EESJ institutional values when they begin their employment. The solution offers potential for the ethics of justice, care, and critique (Shapiro & Stefkovich, 2016; Wood & Hilton, 2012) as new hires could bring mentored knowledge into their teaching practice. Together with other faculty members, like me, who advocate for marginalized students, there would be an opportunity to create a larger community and begin a transformative culture shift (Austin & Harkins, 2008; Lumby, 2012). Another benefit of this solution is that TLC staff can provide self-care strategies if faculty members are concerned about overextending themselves when working with struggling students (Noddings, 2005a; Reynolds, 2013). Through leadership from the ethic

of care, the change team must affirm that the responsibility to self and students are deeply
entwined (Hansen, 1995; Taylor, 2017) and hear the faculty voice and experience.

However, a potential outcome of this solution is that while new hires may establish a
supportive student practice, the progression policy and practice would remain unchanged for
other existing faculty members. This results in the possibility for marginalization of students due
to ongoing inconsistent policy interpretation. In addition, faculty members may disagree about
expectations for supporting students and that could create discontent between the department and
the TLC. Although the mentoring concepts of enhanced student support and EESJ are held in
esteem by SRU, integrating them into the department in this way would not allow for
diagnostics, dialogue, and collaboration about the change (Armenakis & Harris, 2009; Brown,
2015; Liu, 2017). Another limitation is that new hires may notice that the dominant culture in the
department is different. Existing culture can "eat strategy for lunch" (Brown, 2015, para. 1) and
there would be a risk of new hires shifting to the more popular practice among their colleagues.
A final limitation is that TLC mentoring seminars would add further orientation to an already
lengthy time of onboarding for new hires at a time when they are actively preparing for their
teaching year. Placing additional mandatory sessions on faculty members when there are other
conflicting priorities may affect buy-in to the change (Whelan-Berry & Somerville, 2010).

Proposed Solution 2: Policy Language Changes with Faculty Workshops

The second proposed solution is a more substantial change process and involves revisions
to the progression policy language. Three phases make up the SRU policy revision process: 1) a
preliminary review and work process by the change team, 2) a senate review, and 3) a board
review (SRU, 2023b). In the first phase, I would collaborate with change influencers, create a
change plan, assess for readiness, and follow appropriate elements within the ADKAR model.

Vital steps include seeking feedback, ensuring collaboration for the revisions, and being adaptable (Austin & Harkins, 2008; Burnes, 2009; Kuenkel et al., 2021). For this solution, our team would seek out the genealogy of the existing policy (Bacchi & Goodwin, 2016) and its value to the department through AI (Armenakis & Harris, 2009; Rafferty et al., 2013). The change team and I would also seek understanding about current procedures, practice, and culture surrounding the policy since my interpretations are based on my situated knowledge (Haraway, 1988; Lang, 2011). Once revisions to the policy are drafted, it would be presented to the senate for examination by a standing committee (phase two). If the senate determines that further revisions are required, the policy would be returned to the change team for additional work. After senate approval, the policy would be moved to the SRU Board (phase three) where it would be read by the members. Depending on the input received from the board members, the policy may be approved or returned to the change team for further revisions (SRU, 2023b).

When the policy is approved, the TLC would be given time to deliver workshops during already existing semi-annual professional development faculty retreats to ensure instructors are interpreting the policy consistently, thus upholding the ethic of justice in moving forward (Shapiro & Stefkovich, 2016; Wood & Hilton, 2012). In recent years, there has been an ongoing supportive relationship between the nursing department and the TLC, wherein TLC staff is assisting faculty members to reduce their workload, eliminate assignments that are not needed, and decrease program paperwork in historically heavy nursing curricula (Gibbons, 2010; Reeve et al., 2013). In turn, TLC staff is guiding faculty to adapt learning environments to students' needs while still having high expectations for learning outcomes (Battiste, 2013). Because of this respectful relationship, the TLC staff would tailor the workshops to increase faculty capacity in partnering with students who are in distress, promoting the ethic of care (Shapiro & Stefkovich,

2016; Wood & Hilton, 2012). In coordination with the change team, we would seek frequent

feedback from faculty, and be willing to further adapt the policy as needed. This models the ethic

of critique (Shapiro & Stefkovich, 2016; Wood & Hilton, 2012) and encourages continued buy-

in and trust from faculty (Austin & Harkins, 2008).

During the policy revision portion of this solution, the change team and I would

collaborate with multiple SRU participants, including the legal counsel, policy personnel, student

services, the student advocate, union representation, the chair, the deans, and TLC staff. While

this policy revision will take time and energy from these campus participants, it has been

identified as a priority by SRU administrators. There would be no financial cost to the nursing

department during the implementation of the new policy as the TLC workshops would occur

during already established semi-annual retreats that are attended by all faculty for professional

development.

Benefits and Limitations

There are several benefits to this solution. It would require a change process in which I

would be involved with multiple participants, and policy revision would occur collaboratively. A

shift in policy language could also be an effective start in moving toward a transformative

culture change (Blackmore, 2014), where language has the capacity to influence practice (Berger

& Luckmann, 1966; Bolman & Deal, 2017; Greenfield, 1980; Manning, 2018; Rottman, 2007)

and within that capacity lies hope for greater EESJ for students. At the same time, there would be

collaborative ownership (Brown, 2014; Burnes, 2009; Kezar & Holcombe, 2017; Kuenkel et al.,

2021; McKnight & Glennie, 2019) of a new shared policy that would encourage faculty to step

forward to support students with confidence that the policy is grounding their efforts.

However, there are also limitations to this solution. Because the main purpose is policy revision, there would be a risk of change influencers moving too quickly (Brown, 2014; Kotter & Schlesinger, 2008). As a leader who has studied change management in this EdD program, I recognize that by not creating a strategy, establishing readiness, performing diagnostics, and achieving buy-in, we ignore the need for collaboration and the change process might be unsuccessful (Napier et al., 2017; Weiner, 2009). The second limitation lies with faculty members' comfort with the existing policy and the way things have always been done (Buller, 2015; Kezar, 2018). Resistance would likely be expressed through faculty absenteeism at the workshops, resulting in a lack of knowledge development. By choosing not to buy-in, the dominant practice and culture could quickly revert to old ways (Birnbaum, 2000; Brown, 2015).

Preferred Solution 3: Build Comprehension, Capacity, and Future Policy Change

In considering the needs of students in distress and weighing available resources at SRU, this is my preferred solution. Recognizing that "sustainable change requires not only new policies and procedures…but a change in the culture of the organization as well" (Brown, 2014, p. 212), change influencers and I will begin by collaborating with TLC to build faculty comprehension. Focusing on the individual, we will first seek to create awareness about students in distress and the inconsistent interpretation of the progression policy. Using the ADKAR model as a guide, we will strive to build capacity to address this OIP, and then anticipate a move toward policy revisions in the future. Faculty participation will occur through relational events such as meetings, focus groups, retreats, and digital whiteboards. The change team and I will actively engage with the faculty about discerning distress and how to converse with struggling learners. As it can be emotionally challenging to have these conversations with students, we will also provide resources to support faculty from the TLC and the SRU Student Services department.

Interpretation of the change may develop slowly and we, as a change team, must be patient (Birnbaum, 2000). Our aim will be to create a safe and professional learning community (PLC) (Wood, 2007) where reflexivity and a commitment to students' well-being are present. In collaboration with the change team, we will invite faculty members to share their experiences of past students who have struggled and succeeded, learning from each other and inquiring into current practices (Basham, 2012; Manning, 2018; Rottman, 2007; Schein, 2017), while simultaneously seeking support and guidance from the TLC (Wood, 2007). Such dialogue has the potential to create contagious energy (Berkovich, 2014) that will move the change forward.

In addition to involving the faculty, we will also have the potential to address the ethic of community (Wood & Hilton, 2012) by integrating student voices to help us understand their experiences. The learner perspective can be captured in multiple ways. One way to hear their views is through routine faculty evaluation reports that students complete at the end of courses. These evaluations give students the option to share their learning experiences through Likert-type questions as well as written responses. Another option for the student voice is through informal and anonymized interviews, and a third approach is through the SIPC where students can express views about the nursing program and its delivery. While caution is warranted in discussing distress with students due to the risk of triggering trauma (Kumashiro, 2000; Mordoch & Gaywish, 2011), the change team will ensure safe dialogue to gain input.

There is also a potential to include healthcare voices in this solution through participation in focus groups about expectations for students and faculty members while in hospital settings. My influence in this portion of the OIP will involve continuous networking with healthcare professionals in the region. My existing relationships and reputation (Adiguzel, 2019; Kouzes & Posner, 2010) will deliver buy-in to present the OIP to these professionals and extend invitations

to join SRU discussions. While this does not guarantee buy-in from the healthcare sector to support students in distress, it is a step in the right direction. Because of my critical theory lens, I will encourage change influencers to strategically discuss concepts such as social justice and power (Capper, 2019) and how they are experienced by students in distress within the healthcare system. By focusing on the three foci of faculty, students, and healthcare representation, the change team will address the gap between the current and future state identified in Chapter 1.

In choosing this solution, the deans, the chair, influential allies, TLC staff, and I will need to demonstrate leadership that is contextually aware (Buller, 2015; Liu, 2017) of the factors that influence the PoP. Through the intentional efforts of a small planning team (of which I will be a part of, and will be described in Chapter 3), we will strive to create collaborative spaces with the faculty where we will express appreciation for the complex work setting that they have to navigate. Our objective will be to establish a caring and ethical space that invites relational dialogue, trust, inquiry, a commitment to wellness, a collective responsibility, and collaboration to develop knowledge as we seek transformative change. Liu (2017) stresses that the leadership behaviour of the change team must model the way-of-being that we are seeking and that it is more than simply following ADKAR change model steps. My positionality in the department will be instrumental in making connections and relating to instructors' experiences throughout.

Benefits and Limitations

As mentioned earlier, the culture of student support is already prevalent in many areas at SRU. In choosing this solution, I, together with the change team, will commit to a vision that greater support for students can be incorporated into faculty members' practice. My positionality will enable me to be alert to movement of change within the faculty team, knowing that it will likely be slow (Kezar, 2018; Reimers, 2020) and I will encourage the rest of the change team to

commit to a long-term process. By allowing time for meaningful interactions through focus

groups, collaborative discussions, or digital whiteboard activities, we will demonstrate ethics of

care, justice, and critique (Shapiro & Stefkovich, 2016; Wood & Hilton, 2012), not only for

students but also for faculty. By seeking students' perspectives, we have the potential to

encourage empowerment and voice. To hear instructors' voices, the change team and I will

create PLCs (Wood, 2007) to collaborate intentionally with faculty members to promote

awareness about students' contexts. This awareness will be the first step in the building of

comprehension and capacity about students' experiences with distress.

However, this solution also has limitations. Moving through the change process slowly to

build capacity means that the progression policy update, identified by SRU administrators as a

priority, will be delayed. But the mechanisms of this solution are collaborative (Black, 2015) and

may result in an opportunity for the policy to eventually be updated rather than rushing through it

unsuccessfully. While there is trust between the faculty, the deans, and the TLC staff, it is not

blind trust. I anticipate debate over alternate views concerning policy interpretation, as well as

different EESJ perspectives as held by SRU and how they align with the nursing department (as

seen in Appendix F). These conversations are important prior to future policy revision and will

contribute to the feelings of ownership (Burnes, 2009). Throughout this time, I will continue to

network with my colleagues and collaborate with the change team, all the while modelling a

practice that is transformative (Liu, 2017) and empowering in students' learning experiences. My

reflections from my interactions with faculty and observations of students' experiences will be

brought back to the rest of the team for continued analysis and contemplation about future steps.

Another limitation is the expectation of faculty resistance to capacity building and the

understanding of students' distress, as seen in Appendix F. The culture of marginalizing in

nursing education (Barrow & Gramling, 2021) has "crystalized into norms and practices" (Reimers, 2020, p. 11), and altering those values will be slow (Kezar, 2018; Ury, 1993). It will be important to focus on dialogue and to seek readiness of shared emotions (Armenakis & Harris, 2009; Galli, 2018). As an engaged professor who is committed to the support of struggling students and knowing it to be a priority for SRU, I will work to maintain relationships with my colleagues, continuing to engage about this OIP (Kezar, 2018). The ongoing discussions will aid our team in sensing the momentum within the faculty. Continued patience and partnership will be required as the change team and I press forward to build faculty capacity.

Change Drivers for Chosen Solution

The need for faculty comprehension and capacity about students in distress is evident, and this preferred solution can be framed in response to multiple change drivers. In recent years, there have been societal shifts seeking support for students with mental health concerns (Canadian Mental Health Association [CMHA], 2022) and those from Indigenous backgrounds (Truth and Reconciliation Commission of Canada [TRC], 2015). The global Covid-19 pandemic has emphasized these needs even further (Anderson, 2020; MacPhee, 2020; Solnit, 2020). Recognizing and capitalizing on such shifts, and how they can be used for reform, is key to change (Cairney, 2016; Marginson, 2016). Identifying them as urgent (Burnes, 2009; Higgs & Rowland, 2005) will also take advantage of windows of opportunity so they don't simply become passing fads (Birnbaum, 2000). Collaboration with respective campus participants such as the student advocate, student services, and Indigenous services will assist in incorporating those voices.

Another change driver is the nursing shortage which has been exacerbated by the pandemic (Lopez et al., 2022). The ongoing demand to graduate more nurses, with increased

program seats (Provincial Government, 2022), adds pressure for HEIs to transform to new practices (Watson & Watson, 2014). Institutional SRU eyes are on the nursing attrition rates and the department is feeling the pressure. With faculty members' value for graduating competent nurses, it is crucial to find ways to partner with struggling students while still ensuring that they meet program outcomes; my teaching experience with vulnerable students will assist in this dialogue. As pressures mount for more graduates, the solution to build faculty capacity in recognizing distress at an earlier stage is vital so we can extend support proactively rather than reactively (Watson & Watson, 2014). In addition, partnership with healthcare participants may be necessary to counter expected horizontal violence toward struggling students. Strategic engagement with healthcare members could convince them that assisting those who are most vulnerable "may provide the highest return on…investment of funding and time" (Civitas Learning, 2020, p. 18). In Chapter 3, I discuss the implementation of this preferred solution.

Conclusion

In Chapter 2, I have identified leadership approaches to change and the use of the ADKAR change model (Hiatt, 2006) to lead the change process. Three possible solutions were explored to address the PoP, with the preferred option being to build faculty comprehension and capacity with movement toward policy change in the future. In this process, I took into consideration the influencing factors, contextual environment, and existing culture identified in Chapter 1, as well as change readiness and ethical considerations that affect the desire for greater support for students in distress. I will present a plan for implementing, communicating, and monitoring the preferred solution and its accompanying change process in Chapter 3.

Chapter 3: Implementation, Communication, and Evaluation

It helps to remember why we are doing this work. I think there is sometimes the naïve assumption that if we talk about it enough, we will get it perfect, and I don't believe in perfection. I don't believe…that our strategies will ever be perfect. In the effort to make social change, we learn and grow and develop, and that is what it is all about.

—Charlotte Bunch, Voicing Power: Conversations with Visionary Women

In this final chapter, I will not strive for perfection. That would be daunting. Rather, I will approach this organizational improvement from a place of learning, growing, and nurturing. In Chapter 1, I spoke about a desire to enhance faculty capacity when working with nursing students in distress. In Chapter 2, I identified the ADKAR framework to lead the change process, transformative and shared leadership approaches to guide it, and I chose a preferred solution to bridge the gap identified in the PoP. In this chapter, I will focus on the how of transitioning toward the preferred solution of building comprehension and capacity in faculty members, with movement toward policy change in the future. Beginning with goals that are sequential in terms of short, mid, and long-term effect, I will navigate through a change implementation plan (referred to as the plan), together with complementary and interrelated communication strategies, and monitoring and evaluation (M&E) steps. I will conclude the chapter by reflecting on future considerations. And through all of it, our collective work is meant to nurture learning, growth, and development.

Short, Mid, and Long-Term Goals

Identifying short, mid, and long-term goals will serve to build and maintain momentum toward achieving the desired future state and highlight the learning that I hope for. Creating a vision, raising awareness, determining next steps, reinforcing new behaviours, and mobilizing

knowledge will all be part of movement toward change. Throughout the implementation, I will engage with the planning team to reflect on these benchmarks and determine our progress. In Table 2, I share goals, structured around the ADKAR model and the anticipated timeline of the plan. These goals have short, mid, and long-term impact and will be a guide during the process.

Table 2

Timeline and Goals, guided by ADKAR

ADKAR elements	Anticipated timeline	Change implementation goals
Awareness and Desire	Four months	Short-term: • Raise awareness • Assess organizational needs • Co-create a vision
Knowledge and Ability	Four months (Knowledge) Eight months (Ability)	Mid-term: • Mobilize knowledge and understanding • Determine actions and next steps
Reinforcement	Seven months (leading into future steps)	Long-term: • Reinforce and establish new behaviours

Change Implementation Plan

When SRU nursing students are in distress, the symptoms are often unrecognized until the struggles have escalated (Burke et al., 2021; Winger & Olson, 2015). Faculty members act based on policy guidance, but they interpret the policy in different ways. The OIP focus is to build capacity in faculty by creating awareness of distress and about contextual and systemic influences on student experiences. The preferred solution is informed by SRU's Strategic Plan (2023e) for greater EESJ, the CMHA's (2022) advocacy for wellness on HE campuses, the TRC's (2015) calls to action, the SRU (2022) nursing progression data, and Canadian nursing program accreditation recommendations (CASN, 2020) for the support of students.

While students' distress and wellness are the focus of this OIP, SRU also emphasizes the need for faculty well-being (2023e). It is important to recognize that faculty members' and

students' mental health may be connected (Harding et al., 2019), so seeking to improve wellness in both populations can only benefit the institution. I understand that some faculty members may not have an awareness of students' distress, and therefore this change process will require tactics to prepare people for the changes, including support for personal transitions and taking care of concerns (Kang, 2015; Prosci, 2021d). Because rigour and strictness have long been the foundation of nursing pedagogy (Gibbons, 2010; Reeve et al., 2013), the planning team must be empathetic to the human factors (Rogers, 1983) as we encourage shifting in mindsets. Recognizing and responding to those transitions are critical aspects of organizational learning.

Alignment and Structure

SRU's Strategic Plan (2023e) sets out a vision for the institution by 2026. Support and empowerment for students and faculty are key goals, aligning with my hopes for this OIP. As described earlier, there are two related projects (Kezar, 2018) at SRU at present: one is about nursing student progression/retention and the other focuses on teaching and learning principles (SRU, 2023d), both of which promote student well-being and success. As this OIP is in step with these initiatives, it will create opportunities for campus collaboration, and aid in the synergies of forward movement (Kezar, 2009). How we will engage in these processes "not only frames the outcome, it is the transformation" (Simpson, 2017, p. 19), and we must remember that as we plan. During the time of transformation (Shields, 2010), there is potential for progression toward greater EESJ. Giving silenced voices an opportunity to speak can be empowering (Shapiro & Stefkovich, 2016) for both students and faculty, and move us toward institutional goals.

Structurally, SRU has well-established systems and practices that support this OIP. The nursing department has multiple PLCs that move various agendas forward, such as trauma-informed practice and curricular Indigenization. Forming a new PLC will be a natural choice.

The TLC, which is an expert Teaching and Learning Centre at SRU (2023f), will be a critical resource in the transformative process. The nursing department has already established retreats where professional development, collaboration, and well-being are common themes. TLC staff, who are well respected, often attend the retreats to facilitate sessions. This acceptance of the TLC makes for an easy integration into supporting the goals of this OIP. A monthly newsletter from the deans (filled with departmental recognition and updates) and standing agenda items at monthly faculty meetings keep PLC and retreat topics alive. Each of these interrelated practices and activities will be instrumental in establishing a foundation upon which to build this plan.

Managing the Transition and Change

I now present a plan to manage the transition toward my preferred solution of building comprehension and capacity in faculty. A transition plan for change identifies goals, a timeline, and responsibilities in management (Deszca et al., 2020). I will begin the discussion about the selection of individuals to advance this OIP. The ADKAR model and the Prosci (2021d) change management methodology will guide the process so we know how to proceed, when to act, and when to move on to next steps (Deszca et al., 2020). I will weave in AI (Preskill & Catsambas, 2006) and Plan-Do-Study-Act (PDSA) cycles (Pietrzak & Paliszkiewicz, 2015) that will be analyzed more fully in the M&E section. A detailed version of the components of this implementation plan can be seen in Appendix G, whereas in this next section, I will focus on key actions, leadership, and gaining knowledge. I also identify a few limitations and expected implementation issues and have elaborated on those in Appendix F.

Selecting, Engaging, and Empowering Others

Implementation of this plan requires the assembly of a guiding coalition, a group that has human capital to advance the change (Kezar, 2018): expertise, leadership, credibility, and power

(Errida & Lotfi, 2021). The deans and chair, who are committed to the plan, are needed for positional status and are referred to as change influencers. I will recruit six to eight other faculty members through 1:1 networking to join the team. Selection will be done in collaboration with the change influencers, based on faculty who are actively engaged in the ongoing initiative about student progression. Their dedication to student success will benefit this plan. Representation from the TLC, student services, and the student advocate, who have long encouraged this OIP, will eagerly join the group, share in the leadership, and provide expert facilitation guidance (Kezar & Holcombe, 2017; Kuenkel et al., 2021; Lewis, 2019; Manning, 2018). Even though all of us are like-minded in our desire to empower students, careful consideration must be given to the voices we have at the table (Bacchi & Goodwin, 2016). Having individuals who have different lenses will be beneficial to relate to participants during implementation (Kezar, 2000). Together with myself, this group will be known as the planning team; we will dialogue openly, share leadership, and co-create a vision (Zins & Illback, 2007) to support students.

When creating the PLC, I will assist in selecting four faculty, as well as myself and the chair, to work with a TLC representative. The TLC member and the chair will guide us, but leadership will be shared. A potential limitation of this structure is the misuse of power as roles and responsibilities are formed (Kezar & Holcombe, 2017); a commitment to transformative principles of voice and equity (Shields, 2017) will be needed in the PLC to be true to this OIP. Through reflexive monthly face-to-face meetings, we will gain knowledge and build momentum and trust. I will delve into communication strategies later in this chapter. Because of my doctoral educational positionality, I will offer my learning about change management and collaborate in decision-making. As a transformative leader, I will be conscious of equal distribution of power, a commitment to change, and courage in the PLC (Shields, 2020). My personal transformative

skills of offering empowering guidance (Deszca et al., 2020), and engaging in reflective inquiry cycles, will further support the PLC. The group must be willing to learn and unlearn, take risks, form alliances, and be voices for change (Liu, 2017; Shields, 2010). These collaborative efforts will form an intentional context into which we can invite others to join the transition.

Awareness and Desire

In the first element of ADKAR, Awareness, the planning team will focus on the context (Buller, 2015) and what is happening (Kuenkel et al., 2021) for learners. We want to capture students' experiences beyond their academic performance. To hear their voices (Shields & Hesbol, 2020), we will review a summary of faculty evaluation data which will show abridged versions of students' learning environments. The chair will share retention data and anonymous information about students who are written up on progression documentation. Awareness from these lenses will allow us to see the othered voices and expose the need for change in nursing education (Van Herk et al., 2011). A limitation of these sources of data is that they provide specific situated perspectives (Lang, 2011); discernment will be needed to deconstruct (Shields, 2020) and make meaningful connections with as little bias and as much listening as possible[2].

However, seeking the student voice is not enough. We must also be aware of the context of the nursing program and the system in which it functions (Bertalanffy, 1968; Nadler & Tushman, 1980). Without that, we risk what is referred to as suboptimization, where small victories to benefit students may be a detriment to the whole system (Kang, 2015). Seeking the faculty voice will help to inform the greater context. The chair, who is well-respected, has agreed to act as a change champion and will assist the process by introducing the plan to the faculty

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[2] The student voice can also be obtained from SIPC meetings, however this has limitations because those who have experienced distress may not sit on this committee, and those students who hold seats may not be aware of peers who have struggled. An additional source of students' perspectives is through informal interviews.

team (tactics will be outlined in the communication section). An AI cycle (Preskill & Catsambas, 2006) will aid in understanding faculty members' practice when working with distressed students. Judgments or assumptions should not occur at this stage, but some inequities in learners' experiences will start becoming evident. Part of the discourse with faculty will also include a feedback tool to discover their underlying beliefs and values about struggling students which, in turn, will help us to analyze the alignment of values between SRU and the faculty[3]. At the same time, these mechanisms of inquiry will be an opportunity for faculty to gain awareness of their own intuitive practice habits (Liu, 2017). Identifying these micro components within the culture is needed, so strategies can be tailored to focus on change in individuals (Kang, 2015).

As awareness of the PoP becomes clearer and the planning team begins to deconstruct our discoveries (Shields & Hesbol, 2020), we will ask ourselves: what is the risk of not changing? (Hiatt, 2006), especially in relation to EESJ for students. The answers to this question will transition us toward a desire for change. As we look ahead to the upcoming transition, we recognize that working with the faculty team in its entirety will not be practical and conducive due to the many perspectives that will arise. The planning group will suggest forming a PLC to immerse in the plan, with all faculty having the opportunity to participate at least monthly (more details will be explored later). The Awareness and Desire elements will last about four months.

Knowledge and Ability

Once Awareness and Desire have been established, Knowledge can begin to be built (Prosci, 2021b). This is a collaborative time (anticipated to last four months) where there will be a connection between individual learning and SRU's existing knowledge systems, thus amplifying the creation of what is known (Von Krogh et al., 2012). As discussions ensue, we

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[3] This may be complex to discern and is included in Appendix F as a limitation, together with accompanying strategies.

cannot cast blame; rather we must listen and hear varying perspectives. Faculty will wonder: what's in it for me? (Beatty, 2015), and as a planning team, we must respond with patience and transparency. Implementation issues and emotions are expected as old values are challenged (Klein, 1996) (examples can be seen in Appendix F). These interactions are ethically important moments (Guillemin & Gillam, 2004; Taylor, 2017) and should be reframed into learning opportunities (Capper, 2019; Galli, 2018) and sensemaking (Kezar, 2018).

   An action during this element is to create the PLC (Lavis et al., 2003), made up of allies who have a supportive approach with students. The PLC's role will be to reflect on information gleaned from many touchpoints with instructors (e.g., through monthly meetings, 1:1 dialogue, feedback) and return to the faculty for subsequent connections to build on previous topics. Issues to be discussed include seeking knowledge about what is working or not working when students are in distress. These PLC strategies will be explored in the communication section.

   Because of frequent contact with the PLC during the knowledge-building element, faculty members will be aware that the initiative is ongoing. The PLC will take advantage of this momentum and integrate themselves into established semi-annual faculty retreats, thus transitioning into the Ability element (Prosci, 2021d). The PLC will plan for reflective team building and collaboration times. The PLC will also unpack complexities as they arise, such as the history of student support within the department and the nursing profession. Awareness and Knowledge from earlier elements in the plan will ground these discussions.

   Using input from ongoing faculty discussions and using BC Campus (n.d.) resources as a guide, the PLC will begin the co-creation of instructor tools (Kezar & Holcombe, 2017; Shields & Hesbol, 2020) over the next eight months. These tools will model approaches for faculty when students are struggling and may include case studies, role plays, and simulation activities. An

inquiry cycle will see the tools piloted at faculty retreats and affirmations of shared ownership

will be extended (Kezar & Holcombe, 2017; Shields & Hesbol, 2020). The TLC's support will

be necessary as they are experts in facilitating capacity building through vulnerable dialogue.

Openness, flexibility, and adaptations are required, so the faculty feels heard. As success of the

plan is a priority, the PLC will frequently connect with the planning team to ensure that the

progress is in sync with the desired future state (Krogh, 2018). Throughout the Knowledge and

Ability elements, the rest of the planning team will continue to engage with faculty asking about

their discomforts within the process, or the difficulties in letting go of the status quo in practice.[4]

Reinforcement

While it is unlikely that much culture change will be evident at this time, some faculty

members may begin to explore newly learned strategies: the beginning of single-loop learning

(Pietrzak & Paliszkiewicz, 2015). I envision this element will last at least seven months. Inquiry

cycles to re-assess instructors' own practice and faculty evaluation results will indicate improved

EESJ for marginalized students and a greater voice for previously silenced faculty members. The

planning team will engage with the TLC and student services to create formal instructor tools for

dissemination to faculty. The tools will provide guidance when students are struggling and will

include example scenarios as well as helpful and unhelpful responses to the learner (a sample

tool can be seen at BC Campus [n.d.]). The tools will delineate that faculty responses should be

trauma-informed so that instructors, in collaboration with the chair and the deans, are able to

support students by listening and showing compassion (Bosca et al., 2021; Burke et al., 2021).

However, supporting and helping are distinctly separate actions, and faculty members must

understand that learners must be referred to student services for expert assistance when they have

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[4] Additional actions that may be taken during this element are updates in the monthly deans' newsletter, and a TLC-delivered campus-wide educational seminar on supporting students in distress.

suffered trauma (Burke et al., 2021; Douglass et al., 2022). It is vital that faculty members are aware that they are part of the community of care for students and that they are not responsible for students' well-being on their own.

To encourage uptake and changes to practice, we will create a roadmap to embed the new processes (Errida & Lotfi, 2021) into faculty members' practice. The TLC and student services staff will provide ongoing education sessions on the use of the instructor tools and will assist faculty in identifying when additional resources and referrals to expert support personnel should be initiated through the SRU alert system (SRU, 2023c) (e.g., when student support goes beyond a listening ear or offering extensions on assignments). Related workshops for the whole SRU campus will create large community student support synergies (Kezar, 2009). Other strategies that will reinforce the new process include dedicated department meeting time to share student support stories (successes and failures), professional development time in faculty retreats to work through challenging scenarios together, ongoing planning team networking, and availability to provide support when needed (e.g., 1:1 coaching sessions, group conversations). When challenges arise, inquiry cycles will allow for continuous improvement (Errida & Lotfi, 2021; Prosci, 2021c) showing the faculty that this is an evolution (Schein, 2017). I will discuss this progression further in the M&E and the Future Considerations sections.

Faculty Reactions

At the end of 23 months, I anticipate movement through a full cycle of ADKAR, and faculty reactions will include: full acceptance, mixed feelings, ambivalence, and opposition (Deszca et al., 2020). It will be an iterative process to reach the desired state as faculty members engage and change their practice. We must frame our approaches in various ways to achieve buy-in from different audiences (Allen et al., 2007). As our planning team will include nurses

trained in assessment skills, we will observe reactions during the transition, including how and to whom participants are responding and share those perceptions with the rest of the team for sensemaking (Heide et al., 2018). Understanding the reactions will be instrumental in coordinating our upcoming communication and actions (Allen et al., 2007; Heide et al., 2018).

The planning team's understanding of the ADKAR model (Prosci, 2021d) can also assist with reactions. Each ADKAR element can be framed from the perspective of individuals' experiences with change (Hiatt, 2006). This motivates us to create an environment where faculty members can ask questions and are supported in their learning (Higgs & Rowland, 2005). I recognize that my own positioning and work experiences have created an atmosphere in which I can often make sense (Krogh, 2018) of students' contexts and I will bring this insight to the PLC. However, some of my colleagues will feel uncertain, uncomfortable, or even opposed to (Allen et al., 2007; Jensen et al., 2009) the processes suggested in this plan. As transformative leaders, we must model courage (Shields, 2020) in our vulnerability, willing to try out new practices (Kouzes & Posner, 2010), and embrace the opportunity to grow. To ease emotion-filled transitions (Johansson & Heide, 2008) and create opportunities for genuine learning from each other (Noddings, 2013), we must frame communication strategies to the faculty team's reactions.

Plan to Communicate the Need for Change and the Change Process

The communication plan for this OIP will unite key tenets of transformative and ethical leadership with implementation actions. Advocating for equity for marginalized students has the potential to make educational transformations and requires leaders to embody characteristics such as "vision, understanding, clarity, and agility" (Shields, 2017, p. 23). But the meaning of this must be purposely and authentically communicated (Theoharis, 2007). In Chapter 1, I identified a desired state where students' struggles are identified at an early stage and support is

extended to them; that desire must be what we strive for in our communication. Our team must have a profound understanding of the steps needed for change, knowing that our words, our actions, and our leadership will guide participants toward our goals (Adiguzel, 2019; Theoharis, 2007). In fact, scholars make a clear link between communication and change by claiming that communication is the context in which change occurs (Blaschke et al., 2014; Ford & Ford, 1995). In this section, I will discuss knowledge mobilization, present a communication plan, explore how to build awareness, and consider ways to frame strategies for different audiences.

Knowledge Mobilization Plan

Knowledge mobilization will occur throughout the implementation plan and is an attempt to address gaps between what is known through research, what is presented in policy, and what is actually demonstrated in practice (Cooper, 2014). Lavis et al. (2003) stress that participants can begin to understand the delivery of the change itself (Wilson et al., 2010) through active engagement (Belle, 2016) and that the process is only effective when people have internalized the message and are beginning the transition process (Hiatt & Creasey, 2012). Message redundancy through multiple media will further assist in adopting the change due to faculty members being well-informed (Beatty, 2015; Blake & Haroldsen, 1975; Zink & Zink, 2019). In Appendix H, I show an overview of strategies that will assist us in moving knowledge forward through awareness, accessibility, engagement, capacity building, implementation support, organizational development, policy influence, and partnerships (Cooper, 2014). Through the interactions of these elements, we can improve support for students in distress.

Communication Path of Change

To promote success, it is essential for the planning team to develop a comprehensive map (Ury, 1993) of communication strategies before implementation begins (Beatty, 2015; Zink &

Zink, 2019). Our approaches must focus on relationship and context (Schulz-Knappe et al., 2019), grounded in generosity and openness to hear different views (Liu, 2017). Encircling the ADKAR and Prosci (2021d) methodology-led implementation, I envision a supportive climate of change from the CBAM model (Hall & Hord, 2015) as shown in Appendix I. According to this model, there are five stages necessary to nurture change: 1) developing, articulating, and communicating a shared vision; 2) planning and providing resources; 3) investing in professional learning; 4) checking on progress; and 5) providing continuous assistance (Hall & Hord, 2015), with strategic communication throughout. In Appendix J, I outline communication methods for each stage, together with who is carrying them out and who is at the receiving end.

Developing, Articulating, and Communicating a Shared Vision

In the early stages of the plan (during the Awareness and Desire elements of ADKAR), I will network with the deans, the chair, and allied faculty members to create a planning group. With a blessing already received to proceed with this OIP, Awareness and Desire will be reinforced when SRU experts deliver institutional data (some of which is also being utilized by the related working group on campus). Building relationships with and inviting input and stories from other campus partners such as student services and the student advocate will defend the need for change. Reflective sensemaking (Blaschke et al., 2014; Liu, 2017) will be required to understand the context, supporting data, student and faculty stories, and change management literature. Together, we will co-create a vision for change relative to EESJ at SRU. The chair will present the shared vision with faculty through several modes of communication (Beatty, 2015; Blake & Haroldsen, 1975; Zink & Zink, 2019) and alert them to the upcoming change process (e.g., in person at department meetings, through meeting minutes, 1:1 conversations, and email announcements). The chair will need to be well-versed and hopeful about the change and

understand that the initial interaction with faculty is the first opportunity to listen, develop trust, and value all perspectives. The chair will assure faculty that they will have many opportunities to collaborate in the process (Allen et al., 2007; Klein, 1996; Schulz-Knappe et al., 2019) and that they will be kept informed through multiple messaging systems, knowing that participants are less likely to be receptive if they are uninformed (Allen et al., 2007; van den Heuvel et al., 2015).

Planning and Providing Resources

During the Knowledge element, resources and reports from earlier ADKAR stages will be brought forward so the faculty can see the trajectory of the plan and how it will impact them (Deszca et al., 2020). To promote trust, the reports must be from respected sources, such as official SRU research departments, and statistics should be presented clearly and accurately (Allen et al., 2007; Cairney, 2016). Invitations for dialogue, concerns, and contributions from all voices will be needed to develop trust and facilitate reflective understanding (Armenakis & Harris, 2009). We will acknowledge the context of faculty members' busy roles, celebrate what they do well, and exhibit non-defensive and supportive approaches (Argyris, 1997). Upcoming steps in the plan will be presented with transparency, appreciation, and participation (Oreg et al., 2011; Russ, 2008), with introductions to the types of monitoring methods that will be used to assess ongoing changes. We will also alert participants to communication tools that will be used to provide updates, so they can remain current along the way.

Investing in Professional Learning

While a representative from the TLC will assist our planning team throughout the process, their expertise will be particularly vital during the Knowledge and Ability elements. Skilled in navigating resistance and uncertainty, difficult conversations, and advocating for both student and faculty learning/teaching experiences, they will mentor and model toward the

creation of new practice and behaviour (Belle, 2016; SRU, 2023f). In addition, TLC staff is

highly proficient in recognizing key steps toward success, even if they are small moments, and

they celebrate them with much fanfare. Those milestone moments may occur during reflective

conversations, scenario unpacking, or within PDSA or AI cycles.

Checking on Progress and Providing Continuous Assistance

As the plan unfolds through the Ability and Reinforcement elements, I and the rest of the

PLC will be observing for progress. Some faculty members may try out new methods of working

with struggling students and share their experiences during meetings. These efforts must be

celebrated, with continuous engagement to further encourage growth (Buller, 2015; Klein, 1996).

Ensuring that this acknowledgement comes from multiple individuals (the chair, the TLC, the

PLC) will continue to promote ongoing learning and momentum (Heide et al., 2018). As learning

occurs, the PLC will link behaviours to the shared vision of the OIP, communicating to faculty

that the process is aligning with institutional values (Kezar & Holcombe, 2017). The PLC will

continue to assist and clarify the various methods of monitoring that will be conducted when the

first cycle of ADKAR is completed, so there is transparency in the process. Ensuring that faculty

is aware that this OIP will continue to evolve and that there will be future movement toward

policy change to align with current practice changes will serve as a precursor to future steps.

The Hall and Hord (2015) climate for change framework will be used to strategically set

the communication stage at each level of this plan, starting with Awareness and extending to

Reinforcement. But we must look at Awareness closely, as it is critical in change processes.

Using Communication to Build Awareness of the Need for Change

The concept of awareness through communication will be multi-faceted. We want

participants to be informed of the implementation steps and the shared vision (Brown, 2014; van

den Heuvel et al., 2015). At the same time, we want the planning team to be aware of the effect the plan will have on individuals (Napier et al., 2017), and ongoing recognition of the path the change is taking (Buller, 2015). We are also seeking increased self-awareness in individual practice (Kuenkel et al., 2021). There is already institutional knowledge of the need for EESJ (SRU, 2023e; Tamtik & Guenter, 2019), and the nursing department has been asked to enhance its student support. However, some nursing faculty members feel that the institution does not understand their needs (Busch, 2017; Sporn, 2006) so various communication strategies and actions, as seen in Appendix J, will be implemented to promote awareness.

Early in the change process, the first way to build awareness in faculty members will be through the sharing of student voices and perspectives. The chair and PLC members will present progression and attrition data, and accompanying anecdotal student stories, in compelling ways that resonate with faculty (Beatty, 2015). Scenarios will also emerge from confidential overviews of faculty evaluation reports that reveal students' learning experiences. Considerable time will be spent in face-to-face storytelling time, so that rather than simply presented as statistics, the experiences will encourage an interconnectedness between faculty and students (Shields, 2017). Strategic emphasis on additional change drivers such as the CMHA's (2022) appeal for mental health on HE campuses, and the TRC's (2015) calls to action will be folded into the discussion to consider the implications if change does not occur. Active listening, addressing concerns, and assuring everyone of their involvement (Elving, 2005) will be a good first step toward trust. Through a combination of communication tactics, we have the potential to influence feelings (affect) and thinking (beliefs) (Rafferty et al., 2013) about struggling students' experiences.

When the chair presents the shared vision to the faculty, language will be chosen intentionally (Kezar et al., 2021; Whelan-Berry & Somerville, 2010) to align with SRU EESJ

values, and a commitment to marginalized students who are often silenced. Because faculty members aspire to hold EESJ values, the recognition that some students have unsupported learning experiences may result in an awareness that is a lever for change (Kezar, 2018). As this realization becomes more apparent through open and respectful dialogue, we will introduce an AI cycle to assess faculty members' existing awareness about their own practice when working with distressed students. A pre- and post-implementation survey, containing strategically chosen language, will be one focus of a knowledge-transfer effort (Lavis et al., 2003) to communicate values and beliefs in student support. Participants' responses will present them with a heightened awareness of their own intuitive habits (Carroll et al., 2008; Liu, 2017), with the PLC ready to reflexively discuss and unpack their feelings after completing the survey.

Communicating with all Participants

Building a strong participant network will require the delivery of a clear and compelling message to diverse audiences (Beatty, 2015; Elving, 2005), and we will enlist the TLC for their expert facilitation abilities. Through multiple modes of two-way communication including sharing information and listening to others, as seen in Appendix J, we can ensure that all voices are heard (Nadler & Tushman, 1990; Sporn, 2006). Successful communication is directed at specific audiences, at specific times (Hiatt & Creasey, 2012), and is personally relevant (Klein, 1996). How communication is framed may determine how participants respond to the plan.

A cascading approach, or a line hierarchy (Allen et al., 2007; Klein, 1996) will assist in communicating with different participants. The deans' positionality, which is a symbol of approval (Klein, 1996), will enable us to seek buy-in from other campus administrators. Because several of those key campus individuals have advocated for this plan, the deans will share strategies with them and seek advice as it unfolds. The deans will also communicate with SRU

policy personnel even though policy change will not be part of this initial plan. As well, the deans will seek input in framing implementation steps as precursors to future revisions. The chair will act as the change champion and communicate directly with the departmental union representative and with the faculty team. Because the chair is trusted, the faculty will feel safe in expressing their concerns and emotions. The chair, supported by the PLC, will intentionally seek out misunderstandings (Klein, 1996). For example, instructors may misinterpret the plan to mean that they are being asked to pass all struggling students. Clarification and engaging in the discomfort (Brown, 2018) will be vital for transparency and trust-building.

Resistance will also occur, especially when participants' worldviews are different from those held within the PLC. For example, the desired future state is for equity for struggling students, but some faculty members may believe that all students should be treated equally. When barriers arise, it is important for us as transformative leaders to engage constructively and vulnerably from many perspectives (Johansson & Heide, 2008), no matter what our own lenses are. Knowing that communication is multi-layered, care will be taken to nurture power in the audience (Brown, 2018), reduce feelings of uncertainty (Adiguzel, 2019; Johansson & Heide, 2008), and always respect the dignity of individuals (Black, 2015; Ury, 1993).

The planning team will also be aware of the power of shadow channels or informal conversations (Blake & Haroldsen, 1975; Johansson & Heide, 2008) that can undermine the plan. PLC members must be attuned to them so they can interact with inquiry and support and reframe the dialogue to contextual issues (e.g., if the OIP is being discussed negatively in relation to current struggling students) (Johansson & Heide, 2008; Kouzes & Posner, 2010; Schön, 1983). Such 1:1 conversation will assist in keeping the momentum alive, a vital component in successful communication (Allen et al., 2007; Zink & Zink, 2019).

Framing communication for different audiences will also enable us to reach faculty members whose voices are seldom heard. We will establish relationships with all participants, determine the best media for each (Beatty, 2015), and discover their interests and issues within the plan. It will be necessary to be unhurried, creating reflective spaces (e.g., sharing circles, digital platforms, 1:1 meetings) where ideas can be built (Kouzes & Posner, 2010; Taylor, 2017). Obtaining frequent feedback will determine the effectiveness of our communication, thus aligning with the ADKAR (Prosci, 2021d) focus on individuals' experience in change processes.

Change Process Monitoring and Evaluation

In addition to a communication map, a plan for M&E also creates alignment with goals in the plan (Ebrahim, 2020), and is essential to keep implementation on track. Tools and methods used during M&E should align with the SRU context to encourage participants' acceptance. AI (Cooperrider & Srivastva, 1987) is a valued and respected method within the nursing department as the faculty team is always interested in recalling our history to determine what brought us to this point. The PDSA cycle is used to assess continuous improvement (Langley et al., 2009; Laverentz & Kumm, 2017) and complements the reflective practice that nursing faculty members take pride in. I begin with a discussion on monitoring the change using PDSA and AI, and then move into methods to evaluate it, together with strategies to uphold EESJ.

Monitoring and Tracking Change

Ongoing monitoring throughout the plan will reveal whether desired results are being achieved (Wagle, 2017). Monitoring can be described as a "planned, continuous and systematic collection and analysis of program information" (Markiewicz & Patrick, 2016, p. 10). Neumann et al. (2018) refer to four methods: 1) meeting and reporting, 2) reviews and assessments, 3) dialogue and feedback, and 4) surveys with questionnaires. Shared leadership will be beneficial

due to the varied levels of professional skills within the PLC which will result in "multiple ways [of] sensing environmental change, checking for problems, and monitoring performance" (Birnbaum, 1992, p. 187). In the nursing field, these abilities are referred to as assessment skills and each faculty member has a unique set based on their specialized backgrounds (Morrell et al., 2021). These skills will be helpful as we carry out a combination of monitoring methods, each in alignment with SRU's visions (Hiatt, 2006). From these methods, we will obtain data from multiple dimensions and promote more complex ways of thinking (Birnbaum, 1992). But mistakes and unintended outcomes are possible because no method is perfect (Greenfield, 1980; Kezar, 2018), and inadvertent ethical insensitivities may also cloud decisions (Tuana, 2014). For example, we cannot rely fully on nursing assessments; there must also be other mechanisms to monitor, and we must embrace a constant willingness to revise our tools (Checkland, 1989; Markiewicz & Patrick, 2016). Through a diverse system (as seen in Table 3), we will know if the change is moving in the right direction, as well as its pace and magnitude (Kusek & Rist, 2004).

Appreciative Inquiry (AI)

In organizational change, AI is an iterative learning process (Cooperrider & Srivastva, 1987) that makes it possible to initially frame a PoP through program strengths rather than weaknesses (Coghlan et al., 2003), encouraging leaders to listen, reflect, and move groups away from problems and toward solutions (Cooperrider et al., 2013). Past successes will be recalled, and our learning will be incorporated into future actions (Markiewicz & Patrick, 2016; Ridley-Duff & Duncan, 2015). For example, the framing of reflective questions will enable the PLC to inquire deeply about faculty members' current practice in supporting struggling students, affirming and encouraging them in what they are doing well (Cram, 2010). The questions can be used to prompt further reflection, discussion, and a growing awareness about the inequities faced

by those who are marginalized. Through the mechanism of AI, we may be able to minimize

some of the anticipated pushback through the acknowledgement of areas of strength.

Table 3

Monitoring and Evaluation Plan

ADKAR (and Prosci methodology stages)	Monitoring of data, engagement, and change process	Strategic evaluation of change in practice
Awareness (Prepare approach)	• Retention and progression data • Faculty evaluation results • Student services population data • Feedback from planning team (e.g., digital activity, reflexivity notes)	• Readiness for change, as a pre-implementation survey (e.g., as seen in Appendix C)
Desire (Prepare approach)	• Feedback from planning team (e.g., reflections about engagement in sharing circles, discussions, and observational assessments)	• ADKAR employee feedback desire form (as seen in Appendix D)
Knowledge (Manage change)	• AI: self-assessment of practice in relation to struggling students • Feedback from planning team (e.g., reflections on engagement in retreat activities, department meeting discussions, and observational assessments)	• Knowledge needs assessment survey (pre-implementation)
Ability (Manage change)	• Storytelling during meetings and retreats: how are students supported? (e.g., successes, challenges) • Feedback from planning team (e.g., reflections on faculty engagement at retreats and observational assessments in group activities)	• PDSA cycle on newly created instructor tools • Fostering ability worksheet done by chair and TLC to assess faculty members' ability mid-implementation (as seen in Appendix K)
Reinforcement (Sustain outcomes)	• PDSA cycles (triangulation) on results of change process: changes in faculty evaluation results, TLC staff experiences about the change process, and nursing chair perspectives • Storytelling during meetings and retreats: how are students supported? (e.g., successes, challenges, stories of change) • Feedback from planning team (e.g., reflections on faculty engagement at meetings and retreats, and observational assessments in group activities)	• Student services population statistics • Retention and progression data • Knowledge needs assessment (post-implementation) • PDSA cycle: faculty self-assessment of practice in relation to struggling students (post-implementation)

The AI 4-D model (Watkins et al., 2011), which will be used to guide the inquiries, has

four phases: 1) discovery, 2) dream, 3) design, and 4) destiny. Reflecting on the meaning of these

phases allows an organization to discover an underlying purpose or a lifeforce that grounds it (Cooperrider et al., 2013). Sample appreciative questions can be seen in Table 4. Intentionally working through AI cycles has the potential for single-loop growth, and ideally will establish foundations on which double-loop learning, or a questioning of previously held values (Argyris, 1997; Pietrzak & Paliszkiewicz, 2015) can occur in the future. Establishing an appreciative foundation will be necessary, knowing that change will move into policy revisions in the future.

Table 4

Sample Appreciative Inquiry Assessments

4-D model phases	Meaning of the phases	Sample appreciative inquiry questions in each phase
Discovery	Appreciating what worked well	What was the most positive success story you've had with a student in distress? What barriers did that student face in their education? What strengths do we have in our program that allow us to meet those kinds of needs? What do we appreciate about our nursing team?
Dream	Envisioning a better outlook	The student was successful. How did you help in making that happen? How does that feel? How does that reflect on our nursing team? What can we do to make that happen regularly?
Design	Co-creating to achieve future goals	What would our program look like if we recognized students' distress early? How do we co-create this?
Destiny	Empowering, learning, and adjusting to sustain the change	How do we empower ourselves and our students? What do we need to learn? How do we make this change?

Note. Adapted from *Appreciative inquiry: Change at the speed of imagination* (2nd ed.), by J. M. Watkins, B. Mohr and R. Kelly, 2011, Pfeiffer, p. 86 (https://doi.org/10.1002/9781118256060). Copyright 2011 by Pfeiffer.

Plan-Do-Study-Act (PDSA) Model

PDSA is a four-step iterative cycle used for problem-solving that includes defining a problem and its possible causes and solutions (plan), conducting actions to improve it (do), evaluating the results (study), and returning to refine the outcomes (act) (Moen & Norman, 2009). PDSA cycles are flexible, and they can be conducted rapidly (Bryk et al., 2015), and I

anticipate three areas where they will be used. In the first case, faculty members will complete, pre- and post-implementation surveys to monitor or strategically evaluate their own awareness about their practice with struggling students. Completing multiple cycles will inform the PLC, and communicate to faculty members themselves, that there is a shift in thinking about how distressed students are supported. In combination with self-assessments, faculty evaluation reports will also be reviewed to assess if rising capacity is reflected in the reviews that students give. A third PDSA cycle will be for the instructor tools created during the Ability and Reinforcement elements. Assessing their effectiveness, revising, and adapting them will be important to support faculty members in their growth and involvement. I will discuss a few of these tools and how to interpret the results next.

Evaluating and Refining the Plan

Evaluation, or assessing the change, will move the implementation forward and can be described as a "planned, periodic and systematic determination of the quality and value of a program" (Markiewicz & Patrick, 2016, p. 11). Monitoring, as described earlier, does not provide evidence of how changes are coming about, just that they are or are not occurring (Kusek & Rist, 2004). We also cannot determine the strengths and weaknesses of implementation actions through monitoring alone (Kusek & Rist, 2004). M&E are complementary activities where both are needed to understand the results of a change process (Blaikie & Priest, 2018; Lahey & Nielsen, 2013; Marshall & Suárez, 2014).

In the monitoring section, I identified a few areas where data will be collected pertaining to struggling students' learning experiences. During evaluation, we will determine if there have been improvements in the data (Langley et al., 2009) through the study phases of multiple PDSA cycles, for example. The focus on this OIP must remain at the forefront of the evaluation, which

is whether distressed students are receiving greater support, whether faculty members have grown in their capacity in working with struggling learners, and whether instructors can recognize distress at earlier stages. If the evaluative data show positive responses to these questions, it will indicate an organizational improvement.

Evaluation Plan

Evaluation will occur at strategic points of the implementation. It will be carried out by the planning team, where careful alignment will be sought between the data, the OIP goals, student and faculty wellness, and institutional visions. Details of the evaluation plan (as seen in Table 3) are organized alongside monitoring activities and framed by the ADKAR model and Prosci methodology (2021d) stages. Mixed methods and triangulation of data sources (Raven, 2016), including PDSA cycles, storytelling, and institutional reports will aid in answering "to what extent did the program motivate people to change their behaviour?" (Markiewicz & Patrick, 2016, p. 174). However, insight will be needed to discern meaning from the data and to create actionable recommendations to move forward (Javed et al., 2019). For example, program retention data and faculty evaluation reports may be improved post-implementation, but those results may not be linked to the plan. Raven (2016) further identifies that behavioural change in participants may be difficult to discern, but might manifest itself in levels of confidence, through observations, or student-reported interactions. We must look deeply at the data (and the way that evaluative questions are framed) to determine the degree of causality between the plan and the assumed effects (Ebrahim, 2020; Markiewicz & Patrick, 2016; White, 2006).

Refining

Deep reflection will also be required to compare the data collected at the end of the first ADKAR cycle to the pre-implementation results. The PDSA cycle that will assess faculty

members' practice with students in distress, for example, could be set up as a five-point Likert scale that captures approaches used with learners (Lavis et al., 2003). Intentional wording of the questions is required so that faculty members understand that growth and increased awareness are anticipated through this plan. Examples of survey questions may include:

- Since this change plan started, how has your knowledge level changed in recognizing early warning signs of students in distress?

- How has this learning helped you to promote EESJ and the support of marginalized students?

- How have the newly created instructor tools helped you to work with students in distress?

Our planning team will review the evaluation data, share knowledge, and form new ideas (Dadds, 2014). As mentioned earlier, we will understand that more support from the TLC and student services will be needed to further build faculty capacity. Such collaborative learning will be a reflective process that encourages dialogue and ensures that we base our decisions on evaluative findings (Markiewicz & Patrick, 2016; Torres & Preskill, 2001). The TLC will assist us in conducting further PDSA cycles, understanding that continued progress and refining of the plan will allow us to move toward the desired state (Bryk et al., 2015) of greater student support.

Upholding EESJ

Seeking EESJ, providing opportunity for voice, recognizing intersectionality, and building capacity are all essential components of this OIP. In Chapter 2, I cautioned the inadvertent advancement of one group of individuals if it resulted in the loss of another's freedom (Cohen et al., 2018). During implementation, the planning team must integrate transformative premises and tenets (Shields, 2020). However, saying and doing this are two separate things and commitment to the integrity of the process will require accountability systems within the team and participatory evaluation from the faculty (Shields & Hesbol, 2020).

Strategies to maintain the EESJ focus could include prescribed planning team meeting agendas structured on transformative tenets, meeting check-ins that invite vulnerability, transparency, and intentional participation, and invitations for the faculty to critique components of the implementation such as opportunity for voice, involvement, or power imbalances (Belle, 2016; Shields & Hesbol, 2020). By creating opportunities for participation and continuously reaffirming our commitment to the cause (Tichnor-Wagner et al., 2017), we can push back against inequities and barriers that may arise.

Future Considerations and Concluding Thoughts

Envisioning next steps moves me into an imaginary space where I picture a continuing supportive nursing learning environment beyond what I've described within SRU. Earlier, I identified the challenging hospital climates that students and faculty members have to navigate as part of the curriculum, and I asked what kind of voices the healthcare system and the nursing profession should have in this OIP. I have chosen not to tackle that dimension in this plan, not because it isn't an important part of the context, but rather because it is an extended component. Kezar et al. (2021) assert that we will need a critical mass of faculty who collectively embody new supportive values and practices, and once we have that, then we will be more likely to successfully model our ways-of-being to the broader healthcare community. Knowing that change occurs slowly (Kezar, 2018; Lavis et al., 2003), I recognize that this will take time.

Because the changes at SRU and the healthcare system will not occur concurrently, our planning team must be aware of downstream effects that this successful plan (Napier et al., 2017) will have on students and faculty members (Lawton & Páez, 2015) for future hospital practice courses. We must consider whether the outcomes of the plan result in sustained improvements in their experiences (Ebrahim, 2020; Lawton & Páez, 2015), and this raises further questions for

our team. When struggling students are nurtured and they achieve success, what is the effect on their ability to provide healthcare, or cope with the stress that may come from being a nurse? Collaborative reflection, transformative and shared leadership, and further capacity building will be required to assist students in gaining the tools to navigate such environments.

I have also identified the need for eventual revision of the nursing program progression policy. It is my hope that this OIP, and the learning processes that accompany it, will be catalysts in faculty recognizing that the current policy is incongruent with new supportive approaches for students in distress. At that time, I anticipate that insight into the genealogy of the current policy (Bacchi & Goodwin, 2016), and the use of an AI cycle with faculty will emphasize components of the policy that enhance student support and this knowledge will assist with the revisions. However, these hopes come with complexities because of likely personnel changes over the years and altered agendas (Bacchi & Goodwin, 2016; Rottman, 2007). A strategy to counter such challenges might be to commit to policy revisions in our program accreditation reports, which would then result in the department being held accountable for those developments over time.

Finally, I recognize that third-order change is beyond the scope of this OIP. That higher level of change would result in the capacity of faculty members to recognize and evaluate the contextual and environmental schemata where students are in distress, and to make changes in their thinking and practice at lib (Barbuto, 2022; Bartunek & Moch, 1994). It is my hope that the efforts of this OIP will move the nursing department toward a sustainable third-order future change where the faculty will continue to refine and take ownership of the change, recognizing that the nature of student support will be forever evolving and shifting.

And with those thoughts, I bring this study to a close. In my role as a nursing professor at SRU, I am well-positioned to be an influential leader and planning team member in this change

implementation plan. I continue to meet with students who are in distress or who are struggling, and our faculty team must better serve their needs. Through strategic and insightful preparation, this OIP can be utilized as a tool as our faculty team moves toward greater comprehension of distress and capacity in supporting learners. Leadership from transformative and shared approaches with intentional foci in EESJ will aid our collaborative relationships and ensure that both students and faculty members are nurtured as we grow and change.

Narrative Epilogue

As I reflect on my journey during this fulfilling EdD program, I know I have changed. I hear conversations differently, I problem-solve in new ways, I see people through new eyes (lenses), and I am cognizant of the systemic complexities within which we exist (Kuenkel et al., 2021; Senge, 2006). My thoughts on what it means to be a transformative, ethical, and influential leader have also evolved. Originally, when I applied to this program, I put together a courageous and confident (but uninformed) PoP that I wanted to tackle, but I had no real means with which to change the culture at SRU. I quickly discovered that a felt difficulty (Ma et al., 2018) through intersectionality and critical theory lenses is a start but is not enough to make change. I learned that it is important for me to stay grounded in who I am and that my past experiences, passions, and insights can come together to forge new pathways that perhaps others have not yet explored (Hargreaves et al., 2014) as we advocate for EESJ for distressed students. Recognizing that my transformative and shared leadership approaches have an impact on those around me (McCaffery, 2018), I have uncovered my own moral potency (my role as an influential player) (Tuana, 2014). This realization will allow me to act with courage and a moral purpose (agency) (Tuana, 2014) in ways that make a difference in the lives and experiences of struggling students.

Just as importantly, I am repeatedly reminded that when we collaborate and combine the gifts of multiple leaders, we can create transformations. No one individual leader can do it alone and we must encourage one another and build each other up (*New American Standard Bible*, 1995, 1 Thessalonians 5:11). Immersion in change management literature has proven to me that each of our unique attributes, approaches, and perspectives, and our own evolutions over time (Gardner, 2013) make shared leadership a constant and relational interplay of potential. Perhaps that means that we give up a bit of our own control, choosing instead to bring out the confidence and ideas of others (Spiller, 2018). In so doing, we find ourselves being transformative and heartful leaders (Amann et al., 2022; Puyó, 2022). This is my intention for my future practice as a change agent as I continue to embrace lifelong knowledge-creation and growth. I will have grace with myself with each success, each failure, and each step along the way.

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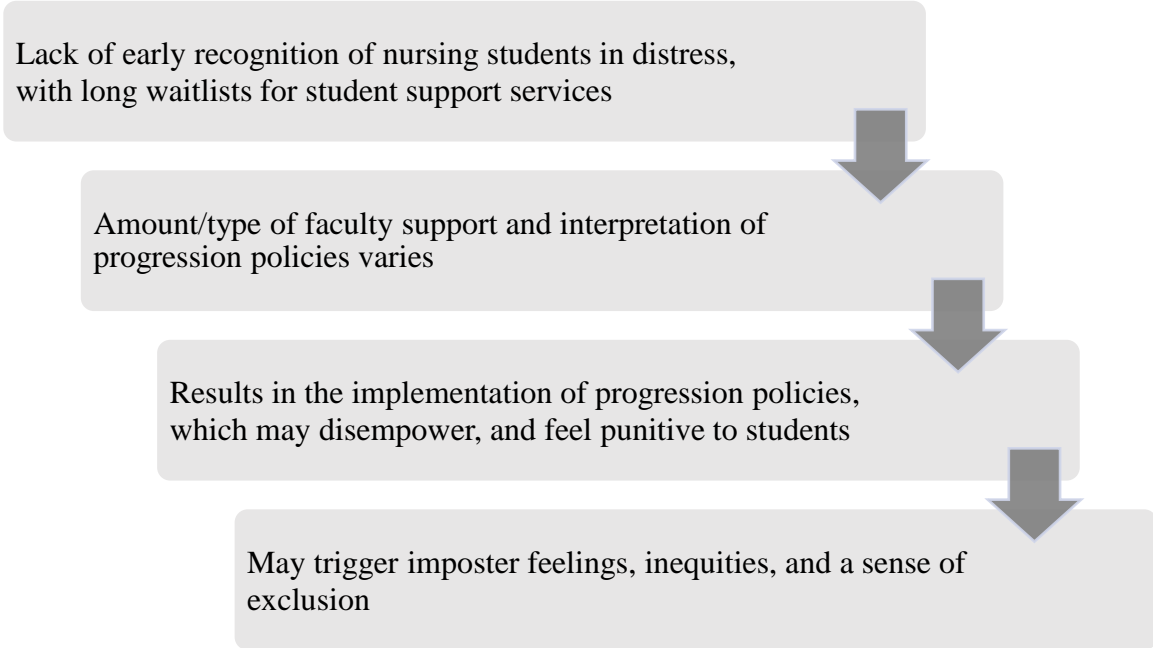
Appendix A: Rich Picture Summary of Contextual Factors

Rich Picture of SRU Nursing Students in Distress (Unsplash, n.d.)
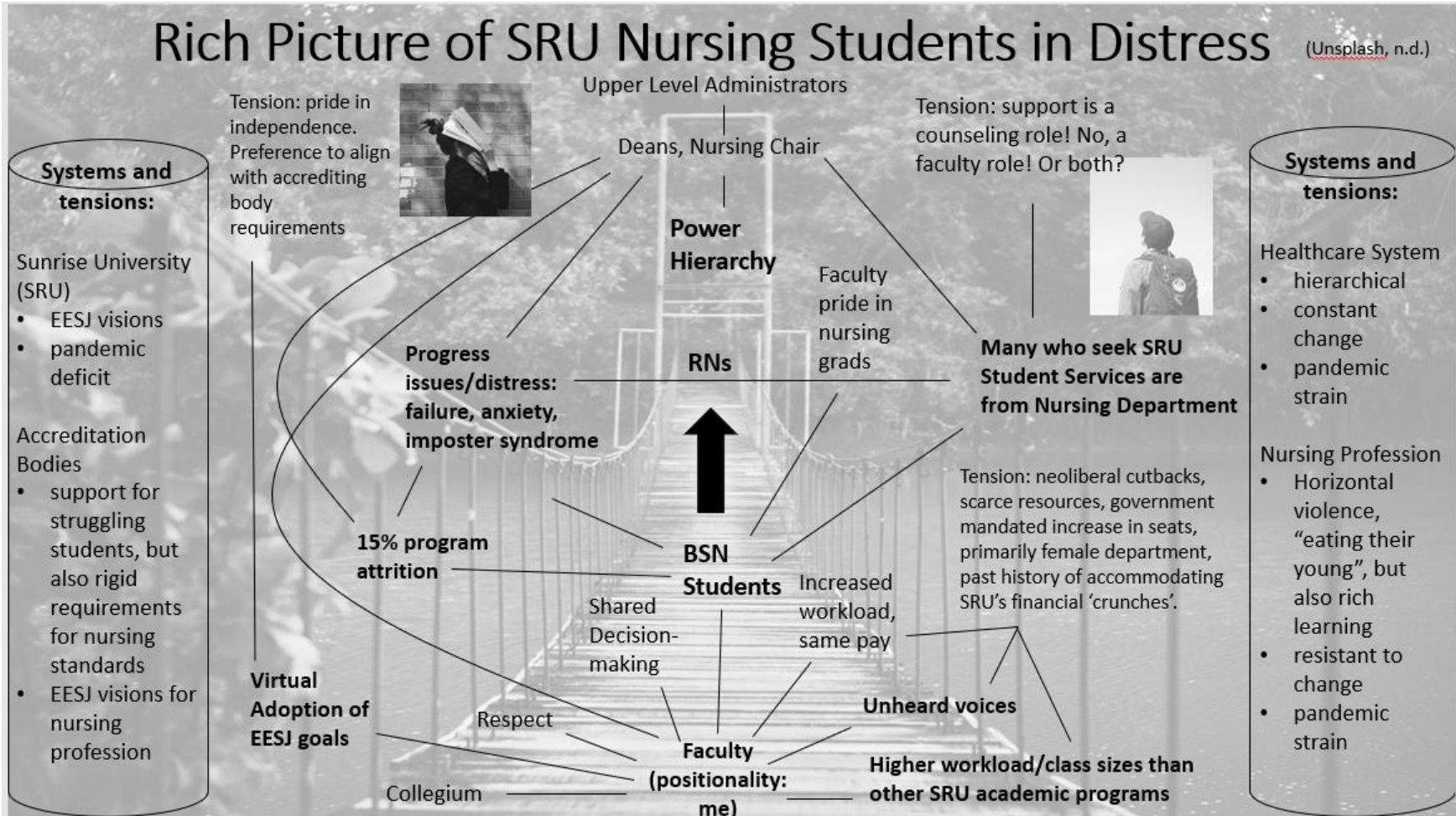
Appendix B: Leading up to the PoP

Lack of early recognition of nursing students in distress, with long waitlists for student support services

Amount/type of faculty support and interpretation of progression policies varies

Results in the implementation of progression policies, which may disempower, and feel punitive to students

May trigger imposter feelings, inequities, and a sense of exclusion

Appendix C: Readiness for Change Survey

Priorities	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree

Planning

- The team has a clearly articulated, motivated, and shared vision for the change.
- The vision is linked to key systemic and/or institutional SRU priorities.
- We have scanned the campus for other related projects, programs, and initiatives that already exist to which the plan might connect to or leverage.
- We have created a plan with identified actions, milestones, and an achievable timeline.
- We have identified possible limitations and barriers.
- We have a plan for helping participants understand what is happening, the purpose, and desired outcomes.
- We have a plan and the capacity to measure and analyze results.
- Our assessment plan is linked to outcomes and leverages from existing data sources.
- We have identified appropriate resources and facilities required to carry out the plan.
- We have identified key policies (e.g., student progression) that may be impacted by the implementation of the plan and have plans for focus on them in the future.

People/leadership

- We have a team comprised of appropriate administrators, faculty, and campus personnel with needed expertise. There is multilevel and shared leadership.

Priorities	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
• Leaders at different levels understand the role they need to play to move the plan forward. (If not, we have a plan for educating leaders about their roles.)					
• We have senior SRU administrative support for resources and other key motivational and policy issues.					
• The project has several leaders/champions. It is not reliant on one person.					
• People involved in the plan have the time, incentives, motivation, and expertise to successfully carry out the objectives.					
• If additional professional development or training is required, we have identified what is needed and have a plan for providing it to participants.					
Politics					
• The plan has the support of SRU key administrators.					
• We have identified political issues we might encounter, including relevant policies or practices.					
• We have buy-in from key on-campus participants.					
• We have strategies for addressing identified political issues.					
• We have leveraged external messages to create urgency for the change.					
Culture					
• We have examined the underlying values of the plan and identified the degree of difference from current values to understand dissonance.					
• We have conducted a survey (or held extensive conversations) to understand resistance, understanding, and values related to the plan.					
• We have developed documents that clearly articulate the plan to inform participants and ensured they have been reviewed and read.					
• We have attempted to connect the plan to existing values on campus.					

Priorities	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
• We have examined ways to create new symbols, stories, or rituals to embed the plan.					
• We have created narrative or story to capture and articulate the plan to participants.					
• We have a plan for how we will communicate and celebrate the results. It should include both on- and off-campus sources as well as dissemination opportunities (e.g., published papers, conference presentations).					
Sensemaking and learning					
• We understand how participants view the proposed plan.					
• We have a plan for ways we can help bridge the gap between current knowledge and desired knowledge.					
• We have a plan to get appropriate data to faculty to engage in learning.					
• We have developed our capacity and SRU institutional systems to support the plan.					
• We have training and support around the plan to inform decisions and practice.					

Note. Adapted from *How colleges change: Understanding, leading, and enacting change* (2nd ed.), by A. Kezar, 2018, Routledge, p.

254 (https://doi.org/10.4324/9781315121178). Copyright 2018 by Routledge.

Appendix D: Readiness for Change Feedback

The change plan being discussed: what can be enhanced in the nursing department to create more

effective support for students who are in distress or who are notably struggling?

Rank the following statements (1=strongly disagree, 5=strongly agree)

ADKAR elements	Readiness statements	Rank
Awareness	I understand the reasons for the change. I understand the risks of not changing. I understand the impact on my day-to-day practice.	
Desire	I am personally motivated to be part of the plan. I look forward to the new, changed environment. My peers support the plan. My deans and nursing chair support the plan. The SRU administrators support the plan.	
Knowledge	I have the skills and abilities to be successful during the plan. I have the skills and abilities to be successful after the plan. The available support will be adequate to prepare me for the plan.	
Ability	I have the ability to perform the new duties required by the plan. I know where I can get support when I have problems and questions. I have opportunities for practice to perform in the new way.	
Reinforcement	The Nursing department is committed to keeping the plan in place. I intend to practice in the new way.	

Note. Adapted from *Employee's survival guide to change: The complete guide to surviving and thriving during organizational change* (3rd ed.), by J. M. Hiatt, 2013, Prosci Inc., p. 52 (https://docplayer.net/36693197-Survival-guide-to-change-employee-s-jeffrey-m-hiatt-the-complete-guide-to-surviving-and-thriving-during-organizational-change-3rd.html). Copyright 2013 by Prosci Inc.

Appendix E: Comparison of Proposed Solutions

Possible Solutions	(a) Alignment with SRU's (2023e) strategic plan	(b) Opportunity for transformative change	(c) Addressing changes in policy language	(d) Considering student privilege and power	(e) Considering faculty support, capacity, privilege, and power
1	Yes	Unlikely	No	Potential	Potential
2	Potential	Potential	Yes	Yes	Yes
3	Yes	Yes	See Future Considerations	Yes	Yes

Possible Solutions	Resources required		
	Time	Systemic	SRU nursing department fiscal
1	Medium: TLC, mentoring faculty members	Low: TLC services and healthcare loss of new nurses	Low: empty program seats due to some attrition until filled in following year
2	High: TLC, SRU participants, deans, chair, faculty	High: collaboration with multiple SRU participants Low: continued healthcare loss of new nurses	Low: resistance to policy change, resulting in continued attrition and empty program seats
3	Medium: TLC, faculty, students, healthcare representatives High (in future): SRU participants, deans, chair, faculty	Low: TLC services High (in future): collaboration with multiple SRU participants when policy is revised	Low: resistance to capacity building, resulting in continued attrition and empty program seats

Appendix F: Potential Limitations and Implementation Issues and Strategies

Potential limitations and implementation issues	Potential strategies
Different views of alignment of values between SRU and the nursing department	• Discuss extensively within planning team • Inquiry cycle (e.g., survey faculty about their values) and compare with SRU espoused values
Different views of the meaning of distress in students; and whose responsibility is it to support students in distress (faculty or counseling, or both)?	• Hear and examine concerns, values, beliefs, assumptions • Collaborate with student services and TLC to provide expert guidance • Assist faculty in determining levels of student distress where/when referrals must be made to counseling, other levels of concerns where faculty may provide support (depending on comfort level) (Burke et al., 2021) • Consider psychological resistance to change (Matheny, 1998; Whelan-Berry et al., 2003) • Link discussions to aspired values (Kezar, 2018), and SRU EESJ goals
Different views about progression policy interpretation	• Determine what faculty appreciates about existing policy – how does it support students? (AI) • Discuss and seek alignment with SRU EESJ goals
Belief/misunderstanding that this OIP means that all students should pass	• Hear and examine concerns, values, beliefs, assumptions • Acknowledge that not all students will pass • Acknowledge that sometimes it is healthy for students to take time away from studies to seek healing and rest • Partner with student services and TLC to assist faculty in differentiating between different levels of distress and how to evaluate program progression • Explore professional development opportunities for faculty: how to engage diverse learners, how to seek out issues that may be causing distress
Misuse of power within the PLC	• Explore commitment to transformative principles of voice and equity (Shields, 2020) • Prepare agendas in advance so participants have time to prepare • Request that all participants have an opportunity to speak

Potential limitations and implementation issues	Potential strategies
	• Assign roles to each participant of group
Accreditation body requirements (external factor)	• Evaluate requirements of accrediting body • Do accreditation requirements overlap with extent/level of SRU student support? • Partner with individual tasked with completing accreditation reports. Where are the grey areas about student support?
SRU student confidentiality	• Hear concerns • Review SRU confidentiality policies • Partner with student services and TLC to determine strategies in how best to navigate student support as a socially just community (Furman, 2003). Consider speaking with other campus experts (e.g., legal counsel, student advocate)
Healthcare system expectations of BSN graduates (external factors)	• Acknowledge and celebrate BSN program history of educating high quality nursing graduates • Hear and examine concerns, values, beliefs, assumptions • Discuss: how does supporting students in distress affect their ability to participate in hospital experiences and care for patients? How might such students benefit the healthcare system if they receive support during their education? • Consider deferring hearing the healthcare voice to Future Considerations (once we have our systems of support in place for our students at SRU first)
My own insider perspective and lenses (e.g., intersectionality)	• Being an insider may affect the understanding of meaning (Hockey, 1993) • Navigate the environment carefully. Kezar (2018) reminds us that people who feel strongly about their passions may be resisted • Be cautious in how I share my own stance (Mercer, 2007). Step back, and let conversations unfold

Appendix G: Proposed Implementation Plan

ADKAR elements	Goals	Strategies	Actions/Tactics	Responsibility	Timeline
Awareness	• Raise awareness	• Determine what is happening for learners • Establish a need for change • Address participants reactions to support the change • Establish alignment between faculty and SRU values	• Converse with deans and chair and link OIP with existing campus initiative about student progression and retention • Create planning team • Identify priorities that support the OIP (e.g., review retention data, struggling student data, faculty evaluation reports [SRU experts present institutional data]) • AI cycle (faculty feedback to discover beliefs, values, and practice when supporting students) • Map institutional values and departmental values	Planning team: Deans, the nursing chair, me, six to eight nursing faculty members, representatives from TLC and student services	About four months
Desire	• Continue to raise awareness • Assess organizational needs • Co-create a vision	• Deconstruct discoveries (what is the risk of not changing?) • Assess organizational readiness • Conduct organizational assessment • Propose a plan to achieve the desired state	• Learn contextual issues and identify change drivers • Seek buy-in (identify chair as change champion) • Identify roles and responsibilities • Anticipate and minimize resistance (create anticipated barriers with strategies document; turn situations into learning opportunities; maintain trust and relationship) • Outline an implementation plan, including communications strategies, monitoring, and evaluation tools	Planning team creates PLC PLC: Nursing chair, me, four nursing faculty members, representative from TLC	

ADKAR elements	Goals	Strategies	Actions/Tactics	Responsibility	Timeline
Knowledge	• Mobilize knowledge and understanding • Determine actions and next steps	• Team building and collaboration • Determine capacity building needs • Build and maintain momentum	• Establish PLC (monthly meetings, 1:1 dialogue, faculty feedback) • Professional development sessions during previously established semi-annual faculty retreats • Maintain relationships and trust (hear perspectives, address concerns) • Continue to seek buy-in • Sensemaking (hear and clarify views) • Adapt implementation plan as needed • Identify resources for learning in next steps (e.g., TLC, organizational structure) • Invest in professional learning (e.g., TLC) • Review change management literature	Planning team creates PLC PLC: Nursing chair, me, four nursing faculty members, representative from TLC	About four months
Ability	• Continue to mobilize knowledge and understanding • Determine actions and next steps	• Continued team building and collaboration • Continue to determine capacity building needs • Begin co-creation of instructor tools • Ensure OIP alignment with	• AI for progression policy (value and genealogy) • Unpack: Reflective discussion about history of student support and nursing profession, and individual challenges in changing status quo • Building on conversations started in earlier elements • Continue to maintain relationships, trust, and buy-in (openness, flexibility) • Revisit and adapt implementation plan as needed	PLC: Nursing chair, me, four nursing faculty members, representative from TLC	About eight months

ADKAR elements	Goals	Strategies	Actions/Tactics	Responsibility	Timeline
		desired future state	• Reframe resistance into learning opportunities • Review BC campus student support resources and co-create draft instructor tools • Pilot instructor tools at faculty retreats • Continue to invest in professional learning (e.g., support from TLC for facilitation, vulnerable dialogue)		
Reinforcement	• Reinforce and establish new behaviours	• Create roadmap and supportive culture of reinforcement • Ensure continued OIP alignment with organizational values • Maintain momentum to move toward policy change	• PDSA inquiry cycle to re-assess instructors' practice and faculty evaluation results • Ongoing TLC education sessions for instructor tools (including workshops for the whole SRU campus to create synergy on campus) • Storytelling time in department meetings for student support scenarios • Professional development time in previously established faculty retreats (work through challenging scenarios) • Ongoing team networking, support, relationships • Adapt instructor tools and develop formal versions (be willing to adapt) • Hire like-minded people, PLC members volunteer for hiring committees	Planning team and PLC	At least seven months

Appendix H: Knowledge Mobilization Plan for Supporting Students in Distress

Partnerships	**Awareness**	**Accessibility**
Facilitating connections among diverse participants and supporting collaboration •Network strategies: 1:1 conversations, mailroom interactions, connections with allied colleagues, communications from chair, email •Previously established faculty retreats •Department meetings •Campus-wide educational sessions	*Increasing awareness of evidence on attrition and student experiences* •Departmental data •Campus data •Faculty evaluation reports •Anecdotal stories from chair and faculty	*Increasing accessibility to research and its links to EESJ, and tailoring those to particular audiences* •Literature review (student distress) •Change management literature review •SRU Strategic Plan and EESJ visions •SRU teaching and learning principles

Policy Influence		**Engagement**
Using research to galvanize policy priorities or change •CMHA goals for HE campus wellness •TRC calls to action •Social justice and support for marginalized students •Case studies from BC Campus (n.d.) on supporting students in distress	**Students in Distress** **Knowledge Mobilization** **Functions and Strategies**	*Increasing engagement with research content through making it appeal more to the senses* •Storytelling •Indigenous Elder sessions •Sharing circles •Innovative strategies to share data: seek advice from SRU research experts

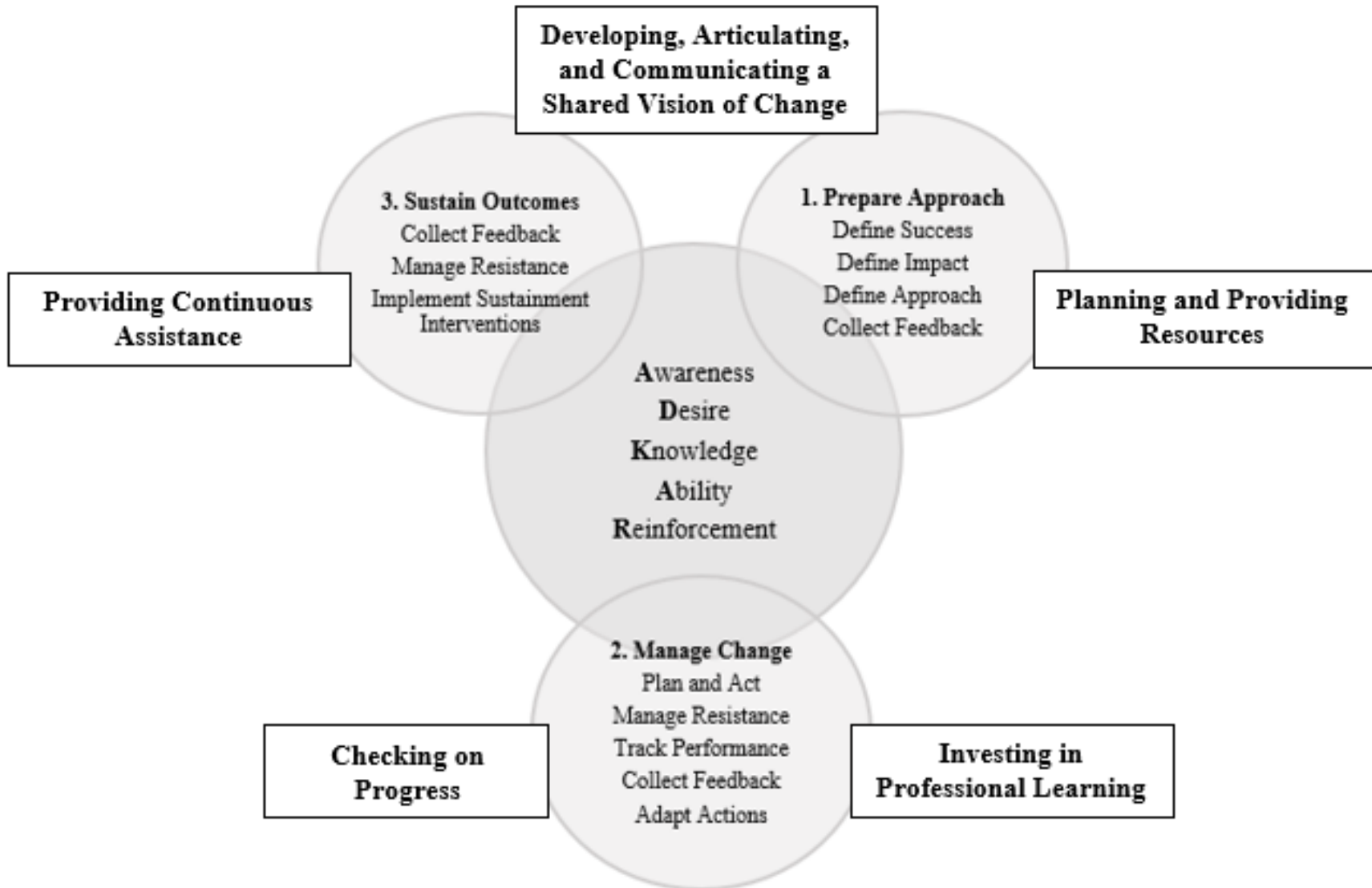| **Organizational development**	**Implementation support**	**Capacity building**
Assisting to build strategic knowledge mobilization processes or evaluating existing practices •Departmental progression policy protocols (documents to write up student concerns) •Awareness of distress before crisis occurs •Evidence of student support development for accreditation reports	*Consulting to assist knowledge mobilization during the plan* •Instructor tools to guide struggling student scenarios •TLC expert support •Student services, student advocate •Policy personnel	*Facilitating professional learning and skill development around knowledge mobilization* •Faculty retreat activities (scenarios, case studies, collaboration) •Departmental discussions (collaboration for challenging cases) •Campus-wide educational sessions

Note. Adapted from "Knowledge mobilization in education across Canada: A cross-case analysis of 44 research brokering organizations," by A. Cooper, 2014, *Evidence & Policy, 10*(1), p. 47 (http://doi.org/10.1332/174426413X662806). Copyright 2014 by Policy Press.

Appendix I: Communicating a Climate of Change

Developing, Articulating, and Communicating a Shared Vision of Change

Providing Continuous Assistance

Planning and Providing Resources

Checking on Progress

Investing in Professional Learning

3. Sustain Outcomes
Collect Feedback
Manage Resistance
Implement Sustainment Interventions

1. Prepare Approach
Define Success
Define Impact
Define Approach
Collect Feedback

Awareness
Desire
Knowledge
Ability
Reinforcement

2. Manage Change
Plan and Act
Manage Resistance
Track Performance
Collect Feedback
Adapt Actions

Note. Adapted from *Implementing change: Patterns, principles, and potholes* (4th ed.), by G. E. Hall and S. M. Hord, 2015, Pearson,

p. 30 (https://daneshnamehicsa.ir/userfiles/file/Manabeh/Implementing%20Change_%20Patterns,%20-

%20Gene%20E.%20Hall%20(2).pdf). Copyright 2015 by Pearson.

and

Note. Adapted from *The Prosci ADKAR model*, 2021(d), Prosci Inc. (https://www.prosci.com/methodology/adkar). Copyright 2021 by

Prosci Inc.

Appendix J: Communications Plan

ADKAR elements and goals	Climate of change stages	Communication responsibility	Recipients of communication	Communication strategies
Awareness Goals: Raise awareness, assess organizational needs, co-create a vision	Developing, articulating, and communicating a shared vision of change	Planning team, including representatives from TLC and student services	Planning team, TLC, student services, student advocate, policy personnel	• Since a related initiative on student progress has begun, determine what has been communicated previously • Multiple modes of communication • Share stories • Whose voices should be at the table? • Build relationships • Hear concerns • Develop shared language relative to EESJ, organizational culture • Set monthly meeting schedule
Desire Goals: Raise awareness, assess organizational needs, co-create a vision	Developing, articulating, and communicating a shared vision of change	Planning team and PLC (including representatives from TLC and student services)	Nursing faculty	• Share vision for change (identify leaders to disseminate to different participants) • Explain rationale for change • Storytelling, student experiences • Listen to concerns, uncertainty • Develop trust • Value contributions • Use message redundancy
Knowledge Goals: Mobilize knowledge and	Planning and providing resources and	Planning team and PLC (includes representative from TLC)	Nursing faculty (and students, as a secondary effect)	• Provide resources: Reports from earlier ADKAR elements • Invest in professional learning (TLC assists with facilitation) • Monthly report to faculty with discussions

ADKAR elements and goals	Climate of change stages	Communication responsibility	Recipients of communication	Communication strategies
understanding, determine actions and next steps	Investing in professional learning			• Previously established semi-annual faculty retreats: professional development activities • Hear concerns and continue to develop trust (invite 1:1 dialogue) • Acknowledge contextual issues • Facilitate reflective understanding • Create spaces for sensemaking • Hear all voices (e.g., sharing circles, question times, digital platforms; 1:1 meetings) • Non-defensive, non-blaming, supportive, relational • Celebrate what we do well (link to EESJ goals): announcements and updates through deans' newsletters
Ability Goals: Mobilize knowledge and understanding, determine actions and next steps	Investing in professional learning and Checking on progress and Providing continuous assistance	PLC (includes representative from TLC)	Nursing faculty (and students, as a secondary effect)	• Continue to invest in professional learning (TLC assisting with facilitation) • Monthly report to faculty with discussions • Previously established semi-annual faculty retreats: professional development activities • Invite collaboration • TLC assists with uncertainty, vulnerability, resistance, as well as mentoring, and coaching (unpack difficult conversations) • Openness, flexibility, adaptability • Check on progress; celebrate interim learning; and provide continuous assistance • Continued networking to keep agenda at forefront of faculty's minds

ADKAR elements and goals	Climate of change stages	Communication responsibility	Recipients of communication	Communication strategies
Reinforcement Goals: Reinforce and establish new behaviours	Checking on progress and Providing continuous reinforcement	Planning team and PLC (includes representative from TLC)	Nursing faculty (and students, as a secondary effect)	• Continue to check on progress, and provide continuous assistance • Monthly report to faculty with discussions; collaborate on challenging student scenarios • Previously established semi-annual faculty retreats: professional development activities and discussion about instructor tools • Celebrate and acknowledge growth through deans' newsletters and sharing of student scenarios in department meetings • Consistent and individual communication and encouragement from chair and PLC (multiple modes of reinforcement) • Recognize new behaviours; link to SRU visions and outcome of the OIP • Reports for monitoring and evaluation findings

Appendix K: Fostering Ability Worksheet

For completion by the nursing chair.

The change plan that is being discussed at your institution: what can be enhanced in the nursing department to create more effective support for students who are in distress or who are notably struggling?

1.   What actions can I take to foster ability within my team to implement this plan?

2.   What additional resources are available to help my team through this transition?

3.   How will I know if the plan is being successfully implemented in my department?

4.   What specific measures and associated target values will I be using to assess our performance?

Note. Adapted from *An introduction to change management: What it is and why it makes a difference in your organization*, by Prosci Inc., 2021(a), (https://empower.prosci.com/introduction-to-change-management-guide). Copyright 2021 by Prosci Inc.