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Learning to Feed: Integrating Practical, Theoretical, and Experiential Aspects of Breast and Infant Feeding Into Nursing Curricula

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Abstract

This dissertation-in-practice (DiP) introduces a targeted improvement plan designed to elevate the proficiency of nursing faculty in X College (a pseudonym), focusing on the delivery of infant and breastfeeding education within the nursing curricula. Anchored in the principles of educational leadership and utilizing action research methodologies, this initiative addresses a pivotal gap in nursing education. It proposes a curriculum framework that intricately blends theoretical knowledge with experiential learning opportunities, aiming to enhance educational development in the nursing discipline. This comprehensive approach not only seeks to equip nursing students with the critical skills required for effective infant and breastfeeding support but also positions the initiative as a benchmark for educational innovation within the sphere of higher education. The DiP underscores the significance of educational leadership in driving substantial improvements in maternal–child health outcomes, through the expert support of infant and breastfeeding practices. Furthermore, this body of work embodies a commitment to advancing nursing faculty capabilities, fostering educational development, and promoting experiential learning as cornerstones of effective higher education in nursing.

Keywords: infant and breastfeeding, maternal–child health, nursing faculty, higher education, educational development, experiential learning

Executive Summary

This dissertation-in-practice (DiP) targets the notable gap in breastfeeding education within nursing curricula at X College (XC; a pseudonym), underscoring a deficiency in comprehensive learning experiences that include practical, theoretical, and experiential aspects of breastfeeding. Documented benefits of breastfeeding for both parent and child contrast sharply with the discernible lack of understanding and support from nursing students and practicing nurses in this critical area. This shortfall not only compromises the ability of nursing students to provide effective support to breastfeeding families but also places them at a professional and academic disadvantage. This DiP explores enhancements within the School of Nursing at XC, aiming to bolster student support in infant feeding decisions, thereby improving both student outcomes and classroom effectiveness.

Reflecting on my role and influence as a faculty member within the School of Nursing at XC, in Chapter 1 I delve into the impact of my transformational and coaching leadership styles on this identified problem of practice (PoP). Through a comprehensive assessment, I examine the PoP against a backdrop of internal and external contextual factors, the structural and organizational dynamics of XC, and the prevailing leadership styles and their implications for students in the nursing programs. Applying critical and systemic theoretical frameworks, alongside a nuanced understanding of intersectionality and cultural diversity, I conduct a PEST (political, economic, social, and technological) analysis to identify significant gaps in our curricular approach to breastfeeding and infant feeding education. This analysis reveals a pressing need for strategic curriculum changes and enhanced faculty support to bridge the current gap between XC's operational state and its aspirational future.

This investigation within the DiP, structured around four pivotal questions, reveals a comprehensive understanding of the challenges in infant feeding practices, emphasizing the essential role of informed breast and infant feeding nursing support. This inquiry has shaped my leadership-focused vision for transformative change at XC, aiming to enhance the maternal–child health curriculum

within XC's nursing department. By equipping nursing students with the knowledge and skills to address parents' needs effectively, the initiative not only supports optimal infant nutrition but also advocates for a curriculum that mirror the complexities of real-world health challenges. This approach underscores the strategic alignment of educational reforms with organizational goals, highlighting a commitment to leadership in fostering both immediate and long-term societal benefits.

Chapter 2 outlines a strategic approach to change within XC's maternal–child nursing curriculum, emphasizing leadership styles, change process frameworks, organizational readiness, and ethics. It adopts transformational leadership, leveraging Donabedian's (1981) model to highlight leadership's role in healthcare transformation, and selects the full range leadership theory (Avolio & Bass, 1991) to blend transactional and transformational styles, enhancing team relationships and communication. Kotter's (1995) eight-step framework guides this change, employing strategic communication to overcome barriers. Organizational change readiness is assessed using ADKAR (Hiatt, 2006), whose letters stand for awareness, desire, knowledge, ability, reinforcement, and Lewin's (1951) force field analysis, preparing faculty for educational advancements in maternal–child health. Ethical considerations, integral to the change strategy, ensure alignment with values of justice, critique, care, and the profession (Shapiro & Stefkovich, 2016). This approach underscores a comprehensive, inclusive, and ethically grounded leadership strategy for navigating organizational change. In response to the above analyses, I evaluate three potential solutions: integrated curriculum development, virtual simulation-based learning, and community engagement and experiential learning (CEEL). After a thorough analysis, CEEL emerged as the preferred strategy for addressing XC's nursing department challenges, particularly in enriching the breast and infant feeding curriculum. This strategy is chosen for its alignment with XC's educational priorities, feasibility within the department's framework, and its potential to significantly enhance student learning experiences and health outcomes.

The implementation of this chosen strategy, covered in Chapter 3, is guided by Kotter's (1995)

eight-step model of change. In this chapter I outline a detailed change implementation plan that includes short-, medium-, and long-term objectives. A comprehensive communication plan is integral to this strategy, including stakeholder engagement and information dissemination methods. Furthermore, a dual-aspect monitoring and evaluation framework, adapted from Markiewicz and Patrick (2016), incorporates both impact assessments and plan-do-study-act cycles. This framework aims to ensure accountability, track progress, and facilitate ongoing adjustments to the change initiative. Anticipating faculty responses, the implementation plan includes targeted strategies to address potential concerns, fostering a collaborative environment conducive to navigating the transformation. This comprehensive approach to change underscores the necessity for strategic curriculum delivery modifications and strengthening faculty capabilities, articulating key questions stemming from the PoP assessment. This DiP culminates in a vision for enhancing the maternal–child health curriculum, empowering nursing students, and effectively addressing the needs of marginalized populations within the context of breast and infant feeding.

In conclusion, this DiP sets out to refine nursing education at XC by enhancing how faculty teach infant and breastfeeding topics, challenging outdated curriculum delivery methods, and aligning teaching with current nursing practice standards. The goal is to foster an educational shift that better prepares students for the fast-paced healthcare environment, aiming to improve patient care and healthcare system efficiency. The dissemination of my findings through professional networks, conferences, and educational institutions is intended to share innovative teaching strategies, encouraging their adoption across nursing education to benefit future healthcare professionals and the wider community.

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Table of Contents

Abstract ii

Executive Summary iii

Acknowledgements vi

Table of Contents viii

List of Tables xii

List of Figures xiii

Acronyms xiv

Definitions xv

Chapter 1: Problem Posing 1

Leadership Positionality and Lens Statement 1

Leadership Position, Agency, and Philosophy 1

Position on Ethics, Equity, Diversity, and Inclusion 2

Theoretical Framework 4

Organizational Context 5

Organizational Structure and Leadership Approaches 5

Organizational Civic Behaviours 7

Mission, Vision, and Values of the Organization 8

Nursing Programs at XC 11

Diverse Organizational Factors 12

Leadership Problem of Practice 13

Framing the Problem of Practice 15

Historical and National Perspective 16

Reflections on Social Justice 18

Theoretical Frameworks 19

Broader Political, Economic, Sociocultural, and Technological Context 23

Guiding Questions Emerging From the Problem of Practice 26

What Is Known About Parents' Experiences and Needs for Infant Feeding? 26

Why Are Nurses Important in Providing Infant Feeding Support? 27

What Education Do Nursing Students Need to Support Infant Feeding Roles? 27

Who Will Benefit From an Enhanced Maternal–Child Health Curriculum? 28

Leadership-Focused Vision for Change 28

Vision for Change 29

Bridging the Divide: From Current Reality to Future Vision 31

Drivers for Change and Macro-Meso-Micro Leadership Considerations 32

Chapter 1 Summary 35

Chapter 2: Planning and Development 36

Leadership Approach to Change 36

Personal Perspective on Leadership 36

The Role of FRLT Within XC's Nursing Programs 37

Dimensions of Agency: Comprehensive Analysis and Extra Considerations 39

Framework for Leading the Change Process 40

Kotter's Eight-Step Framework 40

Barriers and Strategic Considerations 43

Change Order in Change Interventions 45

Organizational Change Readiness 46

Change Readiness Evaluation Frameworks 46

Examining the Forces Driving Change 48

Measuring XC Readiness for Change 51
Leadership Ethics in Organizational Change 53
Solutions to Address the Problem of Practice 55
Solution 1: Integrated Curriculum Development 56
Solution 2: Virtual Simulation-Based Learning 57
Solution 3: Community Engagement and Experiential Learning 58
Comparing Solutions 59
The Chosen Solution 60
Chapter 2 Summary 62
Chapter 3: Implementation, Communication, and Evaluation 64
Change Implementation Plan 64
Context of Change 65
Key Actors 66
Short-, Medium-, and Long-Term Goals 69
Potential Implementation Issues 77
Plan to Communicate the Need for Change and the Change Process 78
Building Awareness 78
Communicating the Path of Change 79
Ensuring EDI and Social Justice 81
Framing Issues and Mitigating Concerns 82
Knowledge Mobilization 83
Change Process Monitoring and Evaluation 85
Monitoring Change and Tracking Progress 87
Plan, Do, Study, Act 88

Monitoring Plan 89

Evaluation Plan 90

Next Steps and Future Considerations 92

Chapter Summary 93

Concluding Thoughts 94

References 96

Appendix A: Structure of Key Organizational Actors 135

Appendix B: PEST Macro and Micro Analyses 136

Appendix C: ADKAR Forces Readiness for Change Survey 138

Appendix D: Summary of Scholar Practitioner Individual Observations (ADKAR Forces) 140

Appendix E: Comparing Solutions Matrix 142

Appendix F: Timeline and Goals, Guided by Kotter's Eight-Step Change Model 143

Appendix G: KMP Infographic 145

Appendix H: Monitoring Outcomes Plan 146

Appendix I: Evaluation Plan—Quantitative and Qualitative 148

List of Tables

Table 1 Roles and Responsibilities Within the Change Process 68

Table 2 Overview of the Communication Plan 80

Table B1: Macro PEST Analysis 136

Table B2: PEST Micro Analysis 137

List of Figures

Figure 1 Alignment of Donabedian's Model and Fink's Taxonomy 23

Figure 2 ADKAR and the Forces of Change 47

Figure A1 Overall Organizational Structure..... 135

Figure A2 Nursing Department's Structure and My Role as Faculty Member 135

Acronyms

ADKAR	Awareness, Desire, Knowledge, Ability, Reinforcement
BScN	Bachelor of Science in Nursing
CASN	Canadian Association of Schools of Nursing
CEEL	Community Engagement and Experiential Learning
CNO	College of Nurses of Ontario
DiP	Dissertation-in-Practice
EDI	Equity, Diversity, and Inclusion
ETP	Entry to Practice
FRLT	Full Range Leadership Theory
IT	Information Technology
KMP	Knowledge Mobilization Plan
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer +
M&E	Monitoring and Evaluation
OCB	Organizational Civic Behaviour
PDSA	Plan, Do, Study, Act
PEST	Political, Economic, Sociocultural, Technological
PN	Practical Nursing
PoP	Problem of Practice
RNAO	Registered Nurses' Association of Ontario
SMART	Specific, Measurable, Attainable, Relevant, and Time-Bound
VSBL	Virtual Simulation-Based Learning
WHO	World Health Organization
XC	X College (a pseudonym)

Definitions

Agency: The capacity of individuals to act independently and make their own free choices, influencing their environment and outcomes.

Associate dean: A key administrative figure at X College (XC; a pseudonym), tasked with aiding the dean in managing the nursing department. They play a crucial role in curriculum development, faculty oversight, and ensuring educational excellence.

Breastfeeding: An infant receives breast milk at the breast as a process whereby the mother provides nutrition (Registered Nurses' Association of Ontario [RNAO], 2003).

Change agent: An individual who acts as a catalyst for change, driving and facilitating improvements within XC (Caldwell, 2003).

Canadian Association of Schools of Nursing: An organization representing nursing schools across Canada, dedicated to advancing nursing education, conducting research, and setting accreditation standards to ensure the quality of nursing programs (Canadian Association of Schools of Nursing, n.d.).

Clinical supervisor: A nursing educator who guides and evaluates nursing students during their practical clinical placements, ensuring they apply theoretical knowledge effectively in real-world nursing care environments.

Coaching leadership: A leadership style in which the leader focuses on developing individuals, encouraging them to reach their full potential by providing guidance, feedback, and support in a way that fosters self-discovery and personal growth (Karlsen & Berg, 2020; Ribeiro & Menezes, 2019).

College of Nurses of Ontario: The regulatory body responsible for licensing and overseeing the practice of nurses within Ontario, Canada. It ensures the provision of safe, competent, and ethical nursing care to the public by setting standards for practice and conducting assessments and interventions when standards are not met (College of Nurses of Ontario, 2020a).

Dean: A senior academic administrator at XC, responsible for overseeing the associate dean and Health

Sciences Division, which includes the Department of Nursing. They play a key role in setting academic policies, managing faculty affairs, budgeting, and promoting research.

Exclusive breastfeeding: The infant receiving only breast milk at the breast as a means of nutrition. Thus, no other liquid or solid supplements are introduced (RNAO, 2003).

External forces: The influences that impact an organization or system, such as economic conditions, technological advancements, social trends, political and legal changes, and competitive dynamics. These forces can significantly shape strategic decisions, operational processes, and overall success (Swanson & Creed, 2014).

Faculty: Nursing professors who provide education and training for nurses by delivering lectures, creating instructional material, and evaluating students at XC.

Fink's taxonomy of significant learning: An educational framework that promotes transformative learning across six dimensions—foundational knowledge, application, integration, human dimension, caring, learning to learn—thus encouraging deep engagement and growth by integrating knowledge application, personal reflection, and values (Fink, 2013).

Infant feeding: Encompasses the methods used to nourish babies from birth to one year, including breastfeeding, formula feeding, and the introduction of complementary foods. It plays a critical role in ensuring infants receive the necessary nutrients for healthy growth and development (Al-Zwaini & Al-Momen, 2002).

Internal forces: The elements or dynamics within an organization that influence its operations, culture, and performance, such as leadership style, employee morale, organizational structure, and internal policies. These forces play a critical role in shaping the organization's capacity for change and adaptation (Swanson & Creed, 2014).

Lactation consultant: A healthcare professional specializing in the clinical management of breastfeeding, offering expert advice and support to mothers and babies. They are trained to address a wide range of

breastfeeding challenges and promote lactation as part of maternal and child health (RNAO, 2003).

Maternal–child health nurse: A specialized nurse who cares for the health of women during pregnancy, childbirth, and the postnatal period (World Health Organization, 2023).

Partial breastfeeding: The practice of feeding a baby both breast milk and formula, or introducing solid foods along with breast milk, before the recommended age for exclusive breastfeeding has concluded (RNAO, 2003).

Professional Advisory Committee: Involves healthcare professionals and industry experts, and guides college curricula and planning, aligning them with current industry standards and sector needs.

XLR8 model: A change management framework developed by Kotter (1995) that encourages organizations to adopt a dual operating system, integrating traditional hierarchical structures with agile, cross-functional teams. This model focuses on accelerating change and innovation by fostering a culture of urgency, collaboration, and adaptability.

Supplementation: Any other way of providing infant nutrition other than receiving milk at the breast. This might include using a device such as a bottle or cup and may involve the feeding of infant formula, breast milk, or both (RNAO, 2003).

Transactional leadership: A leadership style focused on the exchange between leaders and followers, where compliance with directives is rewarded and failure to comply is penalized. It emphasizes clear structures, tasks, and rewards to achieve short-term goals and operational efficiency (Lennard, 2020).

Transformational Leadership: A leadership style that inspires and motivates individuals to achieve meaningful change by empowering them, fostering growth, and driving innovation through a compelling vision (Bass & Riggio, 2006).

Vice president of academics: The second-to-highest senior leadership role within XC, responsible for overseeing academic policies, program development, and student and faculty affairs. They ensure the quality and integrity of educational offerings, to promote academic excellence and innovation.

Chapter 1: Problem Posing

In Chapter 1, I embark on an analysis of the organizational context and structures of X College (XC), a mid-sized postsecondary educational institution located in the province of Ontario. XC is a pseudonym whose use allows me to explore, anonymously, the complexities of an organizational problem. Central to the discussion in this chapter is the identification of a significant problem of practice (PoP) within XC's nursing program curriculum: deficiencies in preparing nursing students to support infant feeding in maternal–child health nursing roles following graduation. Chapter 1 sheds light on the problem and emphasizes the importance of adapting to evolving educational needs in the field of nursing. I address guiding questions that emerge from the PoP, drawing upon relevant literature to inform my analysis. Furthermore, I identify and dissect the gaps that exist between the desired state and the current state within XC's curriculum and educational practices, with a specific focus on infant and breastfeeding education. This chapter forms the cornerstone for my dissertation-in-practice (DiP), enabling me to describe XC's organizational complexities and establish the basis for forthcoming dialogues aimed at addressing the identified gaps.

Leadership Positionality and Lens Statement

I first explore how my leadership perspective, influenced by my experiences in nursing, aims to drive change at XC. I view leadership as a blend of art and science, balancing values such as empathy and warmth with the analytical skills needed to strategize for better outcomes. My diverse roles, especially in family and maternal health, have given me a thorough understanding of healthcare. These experiences inform my approach to tackling the challenges in nursing education at XC, aiming to improve it through informed leadership and innovative practices.

Leadership Position, Agency, and Philosophy

As a nursing professor at XC's School of Nursing, I engage with the PoP to foster change. Although I lack a formal leadership title, my role as a faculty member grants me influence over

curriculum decisions and enhancements. My ability to offer insights allows me to transform implicit power into actionable influence (Gaventa, 2006), enabling me to affect change within the organization (Bel et al., 2018). I have considerable autonomy in curriculum development and can advocate for changes based on my expertise in nursing education and maternal–child health. By proposing evidence-based improvements during department meetings, I directly impact XC's educational approach and program trajectory. My role also emphasizes collaboration, which is key in implementing pedagogical shifts (Grice, 2019), thereby improving XC's nursing education quality. Acknowledging my unique educational responsibilities, I understand the importance of upholding professional standards and ethical practices in nursing care (Canadian Nurses Association, 2017; College of Nurses of Ontario [CNO], 2009, 2023).

My leadership philosophy is anchored in transformational leadership, emphasizing inspiration and motivation for team members to achieve shared goals, supplemented by a coaching style that nurtures individual potential and fosters trust and growth (Bass & Riggio, 2006). This approach, distinct from command-and-control models, encourages collaboration and enhances performance (Jones, 2021), aiming to foster team improvement and change (Bakhshandeh et al., 2023; O'Reilly & Chatman, 2020). It emphasizes inclusivity and support, striving to meet all members' needs (Bolea & Atwater, 2021). My varied roles, from leading nursing teams to public health projects, have honed my empathetic, strategic, and transformative leadership qualities, crucial for addressing the complexities of curriculum changes in education. These experiences enable me to lead sensitive transitions in pedagogy, aiming for a culture of innovation and collaborative learning among faculty and students, and providing resources for creative engagement, thus enhancing the educational landscape (Johansson & Felton, 2014).

Position on Ethics, Equity, Diversity, and Inclusion

One of my guiding principles as an educator is rooted in my identity as a coach and mentor. I find immense fulfilment in guiding students and colleagues to recognize and celebrate their own strengths

and achievements. This guiding belief in fostering autonomy through coaching and mentorship, along with my role as a facilitator of learning, is reflective of my commitment to transformational leadership, deeply aligning with my professional values of equity, diversity, and inclusion (EDI). This commitment naturally extends to how I navigate the intricate ethical dimensions of nursing education, particularly in the context of race, gender, and class dynamics.

Amis et al. (2018) have emphasized the intersectional considerations of positionality within the contexts of class, race, and gender, highlighting how these categories interact and overlap. Rather than isolating or reducing individuals to a single axis of inequality, intersectionality underscores the multifaceted experiences of discrimination and privilege, revealing how these dimensions collectively shape individuals' realities. To behave ethically, I must be aware of others' understanding of and response to my position. Factors such as race and gender affect positional power (Amis et al., 2018), and as a male professional in a primarily female-dominated profession, I routinely consider the politics of power surrounding gender. I attempt to model EDI in my language, curriculum, and assignments. This is also an expectation of both my organization and my profession, as prescribed by the Canadian Association of Schools of Nursing (CASN) and the CNO. Maintaining the flexibility to welcome and support all individuals is vital to their learning success.

The CNO (2009) has underscored the significance of incorporating socially just principles into nursing. In my role as a nurse and educator, I believe that I bear a moral responsibility to advance social justice within the workplace. Put simply, it is an ethical obligation to ensure that my colleagues receive the necessary training and the time to fulfil their responsibilities during times of pedagogical transformation. Embedded within my position in my organization are my ethical obligations. As a leader in nursing practice and education, I recognize the need for my leadership strategies to be adaptable; specifically, to cater to the diverse needs and characteristics of students. This adaptability, as K. C. Li et al. (2018) have supported, is crucial for ensuring that XC's educational approaches are personalized and

effective for each student, thereby fostering a more inclusive and supportive learning environment.

Theoretical Framework

My background in family and public health deeply influences my educational approach, emphasizing the importance of proactive education in areas like infant and child development. This approach aligns with my adoption of constructivist teaching methods, which prioritize experiential learning and real-world applications, asserting that students learn best by relating new information to their experiences (Dyson, 2017). Constructivism supports my focus on foundational nursing skills development through experiential learning, a core element of my teaching and leadership strategy (Dyson, 2017; Omodan, 2022). Constructivism views learning as a social process, essential for pedagogical innovation and collaborative learning, emphasizing the need for clear vision and goals to guide educational changes (Vygotsky, 1986). This approach is synergistic with transformational and coaching leadership styles, focusing on learner-centered education that addresses students' unique needs within their realities (Pavlović, 2021).

I integrate Fink's (2013) taxonomy of significant learning into my teaching, which promotes transformative learning across six dimensions: foundational knowledge, application, integration, human dimension, caring, and learning to learn. To create a holistic learning experience, I focus on significant components like application, integration, and reflection—elements crucial to nursing practice. This method encourages multifaceted learning experiences that cross traditional hierarchical boundaries within educational structures, promoting cross-level learning opportunities (Barnes & Caprino, 2016; Fallahi, 2008). By combining constructivist principles with Fink's taxonomy, I advocate for a balanced curriculum that incorporates both experiential and direct instruction. This approach ensures students acquire foundational nursing knowledge and skills while fostering reflective practice, enhancing their ability to apply learning in diverse scenarios. My philosophy aims to cultivate well-rounded, empathetic learners, aligning with both transformational leadership and coaching styles, thus ensuring a

comprehensive, multidimensional educational experience.

Organizational Context

A substantial body of literature emphasizes the central role that an organization's context plays in various aspects of its functioning. Context is especially relevant when it comes to managing change (Manning, 2018; Schein, 2017). Decision-makers' choices at XC are profoundly shaped by the organizational structure, as well as by enduring traditions, wide-ranging economic forces, politics, and the institution's core values. To gain a deeper understanding of my PoP, it is crucial to delve further into the intricate interplay of these factors.

Organizational Structure and Leadership Approaches

My organization is a mid-sized Ontario academic institution offering a diverse range of postsecondary programs. The decision-making structure at XC and the Department of Nursing are presented visually in Appendix A, Figures A1 and A2. The student body comprises approximately 10,000 full-time and 15,000 part-time students, including 15.9% international students (XC, 2023a). Under the oversight of the Ontario Ministry of Colleges and Universities, the institution's leadership includes a college president and a senior executive team overseeing various aspects of operations. The structure includes eight departmental schools, each with its dean and staff hierarchy. The nursing program has 13 full-time faculty, 10–20 part-time faculty, administrative support staff, placement coordinators, clinical supervisors, a program manager, and an associate dean. Each team member plays a unique role in providing educational services to nursing and personal support worker students within the institution.

At XC, the leadership style is predominantly transactional, characterized by a clear chain of command and reward-based performance metrics. This transactional model is mirrored in how higher education and pedagogical decisions are made (Lennard, 2020). The decision-making process is highly centralized, flowing from the top of the hierarchy down to the implementation level. However, an exception to this rule exists within the framework of bargained collective agreement rights. These

agreements allow for curriculum changes to be made at the discretion of faculty members, providing some degree of flexibility and autonomy in pedagogical matters (Ontario Colleges of Applied Arts and Technology, 2021, Section 13). For instance, faculty members can use this academic freedom to adapt or enhance their course content, introducing new elements that better align with current educational trends and student needs. Academic freedom thus serves as a counterbalance, enabling faculty to infuse fresh perspectives and approaches into the educational process. Some researchers have suggested that transactional leadership allows for swift decision-making and a unified organizational direction, which is particularly beneficial in times of crisis or when quick actions are needed (Purnomo et al., 2021). However, broader program changes often get tied up in the hierarchical decision-making process that comes with transactional leadership practices, which limits XC's adaptability and responsiveness to the evolving landscape of higher education.

To facilitate instructional changes in maternal care learning, understanding the potential lines of change within XC's organizational structure is crucial. Senior leaders, such as the vice president of academics, set strategic priorities and allocate resources for change initiatives. Deans, particularly those overseeing the Department of Nursing, play a pivotal role in aligning departmental goals with institutional strategies. Their support is essential for implementing curricular changes and securing faculty buy-in. Associate deans and program managers manage day-to-day operations, ensuring that changes are practically feasible and aligned with academic policies. Staff, including administrative support and clinical supervisors, facilitate the integration of new instructional strategies and technologies into the curriculum.

Despite the emphasis on individual autonomy, collaborative teams and faculty committees play a crucial role within the Department of Nursing at XC. These formal and informal collaborative efforts are essential for driving change and ensuring cohesive educational strategies. The Curriculum Committee, for instance, is a formal body comprising faculty members from various nursing programs. This committee

meets regularly to review and update course content, ensuring relevancy and alignment with industry standards. This committee provides a platform for faculty to share insights and best practices, fostering a collaborative approach to curriculum development.

Additionally, informal working groups often form around specific initiatives or challenges. These groups allow faculty members to collaborate on projects such as integrating new technologies into the classroom, developing interdisciplinary courses, or addressing student feedback on teaching methods. By leveraging these collaborative networks, faculty can collectively address the complexities of nursing education and drive meaningful change within the department.

In my role, I plan to engage with these existing collaborative structures to implement the proposed changes in the maternal–child health curriculum. By working closely with the Curriculum Committee and participating in relevant informal working groups, I can ensure that the changes are well informed and supported by my colleagues. This collaborative approach will not only enhance the quality of education but also build a sense of shared ownership and commitment to continual improvement among the faculty.

Organizational Civic Behaviours

Despite XC's strong focus on a transactional culture, marked by a rigid hierarchy and an emphasis on incentivizing performance, there are numerous instances of organizational civic behaviours (OCBs) among the staff. These behaviours go beyond individuals' formal job responsibilities and reflect a commitment to the broader goals of the institution. Understanding the motivations behind these OCBs is essential to appreciating the dynamics at play within XC.

Two significant motivators for these behaviours are the intrinsic motivation and personal values faculty members hold. According to Deci and Ryan (2012), intrinsic motivation arises from the inherent satisfaction in performing an activity, which drives educators who find personal fulfillment in helping students and colleagues and contributing to the academic community. Additionally, a strong sense of

community and collegiality among staff fosters a collaborative environment where individuals are willing to go the extra mile. Braxton (2019) emphasized the importance of supportive relationships and mutual respect among colleagues, which creates an environment where OCBs can thrive. This sense of community is further reinforced by transformational leaders within the institution who inspire others through their vision, encouragement, and personal example (Bass, 1985; Burns, 1978). Such leaders foster an environment where going beyond the minimum requirements is valued and recognized, motivating others to do the same.

Professional identity and pride also play a crucial role in motivating OCBs (Kuh et al., 2007). Faculty members often identify strongly with their profession and take pride in their work, which motivates them to uphold high standards, support their peers, and engage in activities that enhance the institution's reputation and quality. This professional commitment is closely linked to a broader commitment to student success. Faculty members who are dedicated to XC's mission of providing quality education often engage in OCBs to ensure that students receive the best possible education and support, recognizing the significant impact their efforts can have on student outcomes (Kuh et al., 2007).

Finally, institutional loyalty and a deep sense of organizational commitment can drive OCBs. Meyer and Allen (2002) described how long-term loyalty to the institution and a strong attachment to its goals can lead faculty and staff to exhibit behaviours that support the institution's success, even when such actions are not explicitly required. These combined factors create a culture where OCBs thrive, despite the overarching transactional framework. Understanding and leveraging these motivations can help foster an environment that further encourages such positive behaviours, enhancing the overall effectiveness and cohesion of the institution.

Mission, Vision, and Values of the Organization

XC is deeply committed to providing an outstanding applied education that equips students for the challenges of a changing world. Anchored by its vision of nurturing experiences and achieving hopes

(XC, 2021), the college has set its trajectory to empower students to reach their full potential. Central to its operations is a student-centered approach, in which the needs and interests of learners remain a top priority (XC, 2021). Beyond simply providing education, the college emphasizes high standards, epitomized by its value of excellence in all endeavours. As XC navigates the evolving educational landscape, innovation and continuous improvement become indispensable tools. The institution is also a beacon of inclusivity, celebrating the rich tapestry of diversity and differences (XC, 2023b). Its values of engagement and empowerment resonate deeply, not just within its walls but also in the broader community. This underscores XC's commitment to building strong connections and empowering both staff and students.

Though the leadership style at XC is largely transactional, emphasizing a strict hierarchy and performance measurement, XC also emphasizes a supportive and engaging learning environment (X College, 2021. This structured approach ensures efficiency and compliance with regulatory requirements while fostering deep student engagement through practical, industry-focused, and experiential learning initiatives. For instance, while adhering to mandated duties, faculty members are encouraged to innovate by incorporating real-world case studies and simulation exercises into their curriculum. These initiatives help bridge theoretical knowledge with practical application, making learning more dynamic and relevant (X College, 2021).

XC bridges the seemingly dichotomous relationship between transactional practices and student engagement through its values and culture. Leadership at XC understands that creating a conducive learning environment requires genuine investment in the student experience, beyond mere adherence to mandates. Faculty members are driven by XC's commitment to excellence, inclusivity, and continuous improvement. This commitment resonates with them, inspiring their teaching and interactions with students. For example, faculty are given the autonomy to design course content that addresses current industry trends and student interests, fostering a culture of innovation. Leadership at XC, while

maintaining transactional elements for organizational coherence, also practices transformational leadership by inspiring and motivating faculty to exceed standard expectations. An example of this is the recognition and reward system for faculty who go above and beyond in their teaching practices, such as by integrating cutting-edge technology or developing community partnerships that provide students with hands-on experience. Additionally, a strong sense of community within XC encourages collaboration among faculty, staff, and students. This is evident in initiatives such as interdisciplinary projects and faculty–student mentorship programs, which create a supportive network that enhances the learning experience.

The inspiration to create an engaging learning environment at XC stems from a collective commitment to student success and the broader impact of education on society. Faculty members are motivated by their passion for teaching, the desire to facilitate personal and professional growth in students, and the understanding of their role in shaping competent, compassionate healthcare professionals. For example, faculty members often participate in professional development workshops and conferences to stay updated with the latest educational strategies and healthcare advancements, which they then bring back to the classroom to enrich their teaching practices. By balancing the efficiency of transactional leadership with the inspiration of transformational leadership, XC successfully creates an environment where students are both educated and empowered. This balanced approach ensures that students receive a structured education that meets regulatory standards while also engaging in a vibrant, dynamic learning atmosphere that prepares them for real-world challenges.

Building upon the core principles laid out in the organization's vision, mission, and values (XC, 2021), XC integrates these foundational values into the very fabric of its curriculum. The college guarantees that the quality of education remains unparalleled through practical, industry-focused, and experiential learning methodologies (XC, 2021). This hands-on approach, rooted in real-world application and continuous feedback, creates a dynamic learning environment (XC, 2023a) and provides the

competencies needed for successful entry to practice (ETP). ETP represents the critical pathway and requirements aspiring nurses must meet to become registered, including the completion of educational qualifications and passing of regulatory testing. The culmination of these practices and values heightens student success, helping to ensure that every XC graduate is primed for immediate and future challenges. Yet within the nursing program, faculty adherence to these progressive directives can be inconsistent. Differences in technology adoption, pedagogical styles, or preference for traditional methods present challenges to uniform implementation of these innovative ideals.

Nursing Programs at XC

In Ontario, nursing education is marked by its diversity and depth, comprising foundational programs like the 4-year Bachelor of Science in Nursing (BScN) program, which offers extensive coverage of nursing theory, clinical skills, and research (CASN, 2017), and the 2-year Practical Nursing (PN) program, focusing on foundational skills for PN care (Canadian Council for Practical Nurse Regulators, n.d.). Faculty at XC boast diverse academic backgrounds, significantly influencing curriculum design through their expertise, within the bounds of academic freedom and collective bargaining rights. All Canadian nursing programs adhere to strict accreditation standards to ensure graduates are competent in safe, effective nursing practice (CASN, 2017).

XC's Department of Allied Health, offering an array of healthcare programs including BScN, PN, personal support worker, and International Nursing Certification, caters to a wide range of healthcare career ambitions. The faculty's varied expertise allows for teaching across different programs, enhancing the interdisciplinary approach to nursing education. The PN program's significant size, with three intakes yearly, contrasts with the BScN program's single intake, illustrating the diverse educational demands and challenges. Additionally, the presence of another BScN program in the region, with potential inconsistencies in program structure, curriculum, and faculty expertise between the institutions, introduces further complexity to the landscape. These discrepancies can complicate efforts towards

standardization and quality assurance across programs, underscoring the importance of my DiP work in addressing these challenges and striving for a cohesive, high-standard nursing education system.

Diverse Organizational Factors

XC is in a large, geographically diverse region, which influences its role as a postsecondary institution. The nursing program is heavily shaped by political factors, including Ontario's strategic mandate to invest more than $225 million to expand nursing education (Government of Ontario, 2024). Post–COVID-19, Ontario has funded institutions like XC to tackle nurse shortages, expanding programs and boosting enrolment. For example, XC benefits from programs like the Ontario Learn and Stay Grant, a $61 million initiative, started in 2022, that boosts nursing enrolment by funding education for students who commit to work in underserved regions in the province (Office of the Premier, 2023). Political and healthcare policy shifts at multiple levels impact nursing curricula, demanding adaptability. Furthermore, government rules on nursing licensure and accreditation shape program content and scope (Crown–Indigenous Relations and Northern Affairs Canada, 2024).

XC's nursing program contributes to economic growth by employing faculty and staff, preparing a healthcare-ready workforce, and addressing healthcare imbalances. Its reputation attracts global students, further spurring local economic growth (XC, 2023a). Regional factors, such as an aging population, economic disparities, and Indigenous communities, underline the need for specialized care and cultural sensitivity (XC, 2023b). XC's current curriculum focuses on adult health, incorporating understanding of diverse cultural perspectives on aging and healthcare. It also addresses economic disparities by preparing nurses to work effectively in varied socioeconomic environments, ensuring equitable access to quality care. For Indigenous communities, the program integrates cultural competence and awareness of unique health needs and practices, fostering respectful and effective healthcare delivery. This holistic approach ensures that XC's graduates are equipped for ETP and can provide sensitive and specialized care across diverse patient demographics.

Consequently, XC's nursing curriculum emphasizes cultural awareness, local health concerns, and varied healthcare scenarios from birth to death. To enhance this approach, the program integrates general principles of culturally sensitive care to prepare students to meet the diverse needs of all community members. This includes a broad understanding of different cultural practices, values, and beliefs, as well as the ability to communicate effectively and empathetically with patients from various backgrounds. Technologically, XC matches many top nursing institutions. Incorporating technology into education, XC uses advanced simulation labs and digital resources. However, adaptability is not always uniformly reflected among the nursing faculty. Variances in resources, teaching styles, and interpretations of curriculum relevance create inconsistencies in integrating these progressive strategies.

Leadership Problem of Practice

Nursing and medical students, as well as some general practice nurses, have shown deficiencies in their understanding of breastfeeding (Yang et al., 2018), which includes breastfeeding mechanics, the benefits of breastfeeding for both mother and baby, and addressing breast and infant feeding challenges. This lack of understanding is likely to diminish their effectiveness in supporting mothers and infants. A combination of practical, theoretical, and experiential learning has been shown to enhance breastfeeding awareness and the comfort of nursing students and novice nurses as they support breastfeeding families (de Jesus et al., 2016; Gaventa, 2006; Spiro, 2022). However, a notable disparity exists in how nursing schools deliver this type of teaching. Many schools do not sufficiently cover infant feeding, leaving nurses underprepared to assist clients with infant feeding decisions and breastfeeding challenges (Boyd & Spatz, 2013; Bozzette & Posner, 2013).

This disparity is particularly apparent in the BScN and PN curricula at XC. Indeed, given gaps in the XC curriculum and program faculty when it comes to providing a combination of learning approaches in breastfeeding education, XC graduates may face academic and professional disadvantages as nurses (Baumann & Blythe, 2003; Charette et al., 2019). Although XC is committed to progressive teaching

methodologies, the presence of traditional didactic, lecture-style, and educator-centric teaching methods may still be contributing to observed educational gaps and disadvantages (Deslauriers et al. 2019; T. Li et al., 2022: Loughlin & Lindberg-Sand, 2023). The academic freedom clause in the XC collective agreement permits XC educators to design their courses as they see appropriate (Ontario Colleges of Applied Arts and Technology, 2021). Notably, no formalized mechanism exists within the agreement that mandates educators to recognize or incorporate feedback from academic leadership or colleagues. While benefiting from state-of-the-art facilities, labs, and resources, XC educators might find it advantageous to use the available teaching tools and consider feedback from their peers more actively.

The CNO (2020a) sets and upholds the benchmarks for nursing practices within Ontario. It is mandatory for nursing students to satisfy the CNO's ETP standards via their educational institutions as part of their postsecondary education; this is assessed through the ETP exam, which is a gateway to achieving registration for autonomous nursing practice. XC has received information from the CNO concerning the performance outcomes of the ETP exam, indicating that there is a notable challenge among students in effectively addressing maternal–child health questions, particularly those related to infant feeding (CNO, 2022). The PoP that arises from assessment of current evidence is as follows: The absence of an integrated practical, theoretical, and experiential learning framework is hindering nursing graduates' ability to understand, promote, and support breastfeeding practices. The primary emphasis of this DiP is to explore what changes XC should make for nursing students in maternal–child health roles to help them assist parents in making decisions about infant feeding. Although not a primary emphasis, it also identifies areas for further investigation, such as course delivery, teaching methods, resource utilization, and feedback mechanisms, aiming to enhance student outcomes and classroom effectiveness.

Infant feeding entails giving an infant breastmilk, breastmilk substitutes (including formula), or a combination of both, either directly from the breast or through alternative methods such as cups,

bottles, or supplementary devices (Karmaus et al., 2017). Some families may choose to exclusively breastfeed their children whereas others choose to supplement or partially breastfeed; nevertheless, breastfeeding is an important determinant of health and has become a significant public health priority given the nutritional, protective, social-emotional, economic, and environmental benefits (Public Health Agency of Canada, 2014). Breastfeeding ensures that children receive important nutrients for healthy growth and development (Agho & Wheeler, 2020). Breastmilk contains components that protect children from illness, diseases, diabetes, obesity, sudden infant death, and cancer. Consequently, breastfeeding is associated with many public health benefits (Binns et al., 2016; Public Health Agency of Canada, 2014; Savino et al., 2009). According to the World Health Organization (WHO; n.d.-b), exclusively breastfeeding for the first 6 months of life or beyond is an effective way to ensure child survival, especially in developing countries with higher childhood mortality rates than developed nations.

Despite the evidence of the benefits of breastfeeding, local, national, and global breastfeeding rates remain low and are increasingly a public health concern (Chalmers et al., 2009; Ricci et al., 2023). Thus, teaching nursing students about infant feeding is crucial for providing comprehensive maternal–child care (de Almeida et al., 2015; Howett & Lauwers, 2013). As the first point of clinical contact post-birth, nurses can address infant and breastfeeding challenges early, providing support and resources to new mothers. Knowledge in this area promotes cultural sensitivity, aligns with sustainability and economic considerations, and enhances professional development (Theodorah & Mc'Deline, 2021). To provide holistic care, and remain at the forefront of evidence-based practice (Blixt et al., 2023), nurses need the skills to protect, promote, and support breastfeeding (Public Health Agency of Canada, 2014). This education benefits healthcare nursing students as novice learners and as health professionals, and the broader community they serve (Bowdler et al., 2022).

Framing the Problem of Practice

This PoP highlights a critical gap in the teaching approaches to breastfeeding for nursing students

at XC. Currently, the absence of an integrated practical, theoretical, and experiential learning framework significantly limits their ability to effectively understand, promote, and support breastfeeding practices. This deficiency not only affects students' preparedness but also poses a risk to achieving the most favourable outcomes for mothers and infants (Yang et al., 2018), potentially compromising the health and well-being of these patients. To address this issue, XC must implement changes to ensure that nursing students transitioning into local maternal–child health roles are aware of, and capable of, empowering parents to make informed decisions about infant feeding (Blixt et al., 2023). These students must be equipped to support parents in achieving their feeding goals. This section provides a historical backdrop and outlines the necessity of modifying XC's approach to include a comprehensive blend of practical, theoretical, and experiential learning about breastfeeding. By doing so, I advocate for benefits that extend beyond mere awareness, aiming to enhance the overall quality of care provided by future nurses, thereby positively influencing the health outcomes of mothers and babies.

Historical and National Perspective

In Canada, although all nursing programs cover the essential knowledge, skills, and ethics needed for patient care, they often specialize in specific care aspects (CASN, 2017; Canadian Council for Practical Nurse Regulators, n.d.; Canadian Nurses Association, 2017; CNO, 2023). Generalist nursing has historically been a key focus within nursing schools (Bowdler et al., 2022), leading to two main streams for aspiring nurses: the BScN and PN programs, with similar learning objectives but different scopes of practice (CNO, 2020b). BScN students undergo a 4-year degree for a broad nursing practice, whereas PN students prepare for a narrower scope in a shorter program (Canadian Council for Practical Nurse Regulators, n.d.). Upon registration, BScN graduates assume wider clinical and leadership roles, whereas PN graduates focus more on direct patient care under supervision. Both programs, however, share a core curriculum, including maternal–child health education, indicating uniformity in this area (Bolongaita, 2021). Yet, the depth of maternal–child health education seems lacking, suggesting a gap in preparing

students with comprehensive competencies in this field. Maternal–child health is now limited in course time and often integrated into other subjects, risking diminished focus and inadequately developed skills (Ryan & Green, 2021). This integration could lessen the topic's perceived importance and compromise students' readiness. Teaching at XC has traditionally emphasized didactic lectures contrasting with experiential methods that blend existing knowledge with new practical scenarios to highlight material relevance for future nursing practice (Makinen, 2013; Pugsley & Clayton, 2003), aiming to develop competencies based on generalist nursing principles (CASN, 2017).

Updating nursing education to align with the rapidly changing healthcare landscape is crucial (Gorski et al., 2015). The curriculum must comprehensively cover all clinical practices and settings (Aiken, 2011) a stance supported by key organizations like CASN (2017) and the Canadian Council for Practical Nurse Regulators (n.d.), which advocate for experiential, practical, and evidence-based teaching methods to solidify foundational competencies. The Registered Nurses' Association of Ontario's (2016) federally supported guidelines emphasize evidence-based strategies to ease nursing students' workforce entry. Significantly, the WHO (2016) has led the development of core competencies for nurse educators, underlining the use of "contemporary educational models" (p. 11) to incorporate evidence-based, technological, and student-centered learning approaches, such as e-learning, simulations, collaborative learning, and reflective practice. This shift towards comprehensive and interactive education aims to fully prepare students for all nursing specialties, including specialized fields like maternal–child nursing.

Enhanced training offers graduates a solid understanding of diverse medical concepts, the development of practical skills (Bryant et al., 2020), and exposure to specialized practice scenarios, which are especially beneficial in maternal–child nursing. Through immersive experiences and advanced simulations, students gain critical-thinking and adaptability skills crucial for navigating complex healthcare situations (Bryant et al., 2020; Mulcahy et al., 2022), preparing them to deliver safe, empathetic care to mothers, children, and families, and effectively meet the healthcare sector's varied

challenges.

Reflections on Social Justice

Integrating breastfeeding education into the curriculum for nursing students is not just about imparting medical knowledge. Rather, it is a crucial step toward advancing social justice in healthcare (WHO, n.d.-a). Nurses, equipped with a deep understanding of the socioeconomic, educational, and cultural factors that affect breastfeeding, can tailor their support to each mother's unique circumstances. For instance, they can guide financially constrained mothers towards affordable breastfeeding resources and support networks, provide simplified and clear information to mothers with lower levels of education, and respect cultural practices that may impact breastfeeding, offering alternatives that align with cultural norms. When nursing students are educated about the intricacies of breastfeeding, including the social determinants of health and their relationship with breastfeeding intention, practices, and success, they can provide medically sound and culturally sensitive care (Ontario Public Health Association, 2007; Spear, 2006). In turn, new nurses are equipped to contribute to a society in which everyone can access opportunities and resources and is treated with dignity and fairness (Haberman, 2019).

Understanding the social justice implications of breastfeeding allows nursing professionals to recognize the systemic barriers many women face when making infant feeding decisions (Yang et al., 2018). A well-informed nurse can offer nuanced guidance that considers a mother's socioeconomic context, educational background, workplace conditions, and cultural beliefs (Bowdler et al., 2022; Spear, 2006; Yang et al., 2018). This education enables nurses to provide tailored support, ensuring that anyone caring for a newborn or infant, irrespective of their background, receives the necessary resources, advice, and support to empower them to make informed decisions affecting their child's health and development. Furthermore, nursing professionals can advocate for policies that promote equitable breastfeeding support by understanding the historical and socioeconomic dimensions of breastfeeding

(Ontario Public Health Association, 2007). They can lobby for better maternity leave policies, workplace accommodations for lactating mothers, and improved access to lactation consultants in underserved communities. Additionally, they can play an essential role in community education, debunking myths and challenging stigmatizations surrounding breastfeeding among specific groups (de Jesus et al., 2016).

Shapiro and Stefkovich's (2016) ethic of care emphasizes the importance of relationships, interconnectedness, and a genuine concern for the well-being of others in the educational context. Explicitly teaching this ethic to nursing students in breastfeeding education reinforces the idea that nursing is not just a clinical practice but a deeply relational one. By prioritizing empathy, understanding, and individualized care, nursing educators can instil in their students the significance of considering each other's unique context when offering breastfeeding guidance. This approach underscores the need to go beyond clinical protocols and engage with the systemic and sociocultural factors that impact a mother's choices. By fostering an ethic of care in nursing students, educators empower them to provide technical support and act as empathetic advocates, ensuring that all mothers have equitable opportunities and resources for infant feeding, irrespective of their social determinants of health.

Theoretical Frameworks

Identifying a theoretical framework at the outset of a change process is essential, as it provides a clear roadmap, ensuring alignment and focus on core objectives (Bolman & Deal, 2021). It standardizes communication, guides decision-making, and facilitates understanding of stakeholder reactions to change. Grounded in established theory, this framework should foster credibility, aid in consistent execution across teams, and establish metrics for evaluating progress, making it a foundational pillar for successful change management. In this DiP, two primary frameworks are employed: Donabedian's (1981) quality model and Fink's (2013) taxonomy of significant learning. I delve into the interconnections between these frameworks and elucidate how each plays a role.

Donabedian's Quality Model

Donabedian's (1981) model provides a systematic framework for evaluating nursing education quality through three aspects: structure, process, and outcomes. This model integrates theoretical knowledge into practical nursing pedagogy, emphasizing the significance of well-defined structures and processes in achieving high-quality educational outcomes, particularly in areas like breast and infant feeding. The model underscores the need for a robust curriculum that includes infant feeding instruction, aiming to improve educational standards and identify areas for enhancement.

The application of Donabedian's (1981) model in nursing education highlights the link between theoretical instruction and practical readiness, especially in critical subjects like breastfeeding education. Research indicates a gap in students' readiness for professional roles (Botma & Labuschagne, 2019; Gardner et al., 2014), pointing to the necessity of curriculum improvement in breastfeeding education. Factors including the teaching culture, leadership, and classroom resources have been identified as key to enriching student preparation. A supportive teaching culture and effective leadership, along with adequate resources, are essential for developing the practical skills required for sensitive areas like breastfeeding. Practical experience crucial for such hands-on tasks can be enhanced through experiential and evidence-based teaching methods that replicate real-life scenarios, preparing students for effective patient support (Ramírez-Durán et al., 2024). This approach seeks to bridge the gap between classroom learning and clinical application, ensuring that nursing students are well equipped for their future roles.

Bolman and Deal's Four Frames Analysis

Bolman and Deal's (2021) four frames model—structural, human resource, political, and symbolic—provides a comprehensive lens for analyzing organizational change. The structural frame emphasizes the importance of clear roles and responsibilities, which is evident in the hierarchical structure at XC. The human resource frame focuses on the alignment of organizational and individual needs, highlighting the significance of academic freedom and professional development opportunities

for faculty. The political frame, which deals with power dynamics and resource allocation (Bolman & Deal, 2021), underscores the need for securing support from senior leaders and deans to drive change. The symbolic frame, focusing on culture and values, aligns with the institution's commitment to excellence, inclusivity, and continuous improvement. Leveraging these frames can help to navigate the complexities of change and build a cohesive strategy that aligns with XC's organizational culture and goals.

In my role, I plan to leverage existing collaborative structures and align them with Bolman and Deal's (2021) four frames to facilitate the adoption of the proposed changes in the maternal–child health curriculum. By working closely with senior leaders, deans, and collaborative teams, I can ensure that the changes are well informed, supported, and effectively implemented. This approach not only enhances the quality of education but also builds a sense of shared ownership and commitment to continuous improvement among the faculty.

Fink's Taxonomy of Significant Learning

Fink's (2013) taxonomy of significant learning offers a blueprint for refining the nursing curriculum, especially concerning breastfeeding education. This model emphasizes the ongoing learning cycle and the importance of connections made during the process. Fink pointed to learning fundamental knowledge, applying it, and reflecting on the application of knowledge, thereby enhancing both theoretical understanding and hands-on skills. Adapting Fink's taxonomy to include a social justice and inclusion lens involves integrating considerations of equity and cultural competency across all learning stages. By doing so, nursing students at XC can better understand and address the diverse sociocultural backgrounds and healthcare needs of patients. Fink's taxonomy can better integrate new teaching methods for XC's breastfeeding education program and its educators. It highlights aspects like caring and the interconnection of knowledge and experiences, which in turn enhance critical-thinking and analytical skills. All of these processes are crucial for nursing students to understand.

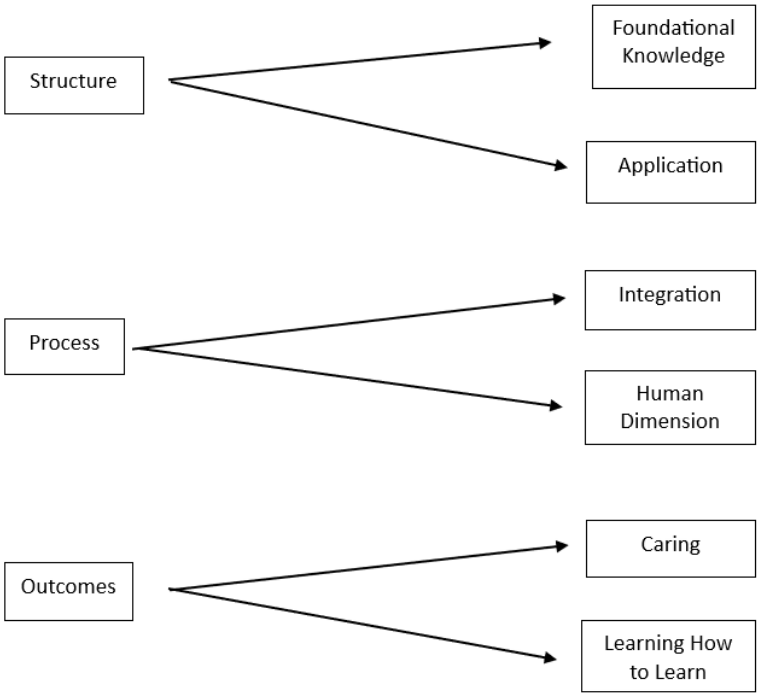
Integrating Donabedian's Model and Fink's Taxonomy

In examining the frameworks that guide the improvement of nursing education at XC, Donabedian's (1981) quality model and Fink's (2013) taxonomy of significant learning provide a complementary foundation. Donabedian's model is foundational and focuses on the structure, process, and outcomes of quality in healthcare education; Fink's taxonomy offers a contemporary and nuanced approach that emphasizes transformative learning experiences across six dimensions. Donabedian's model serves as a structured approach to evaluating educational quality by dissecting the components of healthcare education into structure, process, and outcomes. This model underscores the importance of robust educational frameworks and systematic assessment to ensure high-quality educational outcomes, particularly in specialized areas such as breastfeeding education (Donabedian, 1981). Fink's taxonomy extends this foundation by emphasizing the interconnectedness of significant learning experiences. It integrates foundational knowledge, application, integration, human dimension, caring, and learning how to learn. This holistic approach ensures that learning is not only comprehensive but also transformative, equipping nursing students with skills for real-world application (Fink, 2013). Figure 1 illustrates how Donabedian's structural, process, and outcome components align with Fink's six dimensions of significant learning.

By integrating Donabedian's (1981) emphasis on structural quality and systematic processes with Fink's (2013) focus on significant and transformative learning experiences, we in the nursing department can create a comprehensive educational strategy. This strategy builds a curriculum that is robust and high quality while also fostering a meaningful and application-oriented learning experience for nursing students. This dual-framework approach enhances the educational experience by helping to translate theoretical knowledge into practical skills, particularly in critical areas such as infant and breastfeeding education. This integration supports the development of well-rounded, competent nursing professionals who are prepared to meet the complex demands of maternal–child healthcare.

Figure 1

Alignment of Donabedian's Model and Fink's Taxonomy



Note. Elements on the left adapted from "Advantages and Limitations of Explicit Criteria for Assessing the Quality of Health Care," by A. Donabedian, 1981, *Milbank Memorial Fund Quarterly: Health and Society*, *59*(1), p. 99–106 (https://doi.org/10.2307/3349778). Copyright 2023 by Wiley. Elements on the right adapted from *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses* (Rev. ed.), by L. D. Fink, 2013, p.1-113. Copyright 2023 by Jossey-Bass.

Broader Political, Economic, Sociocultural, and Technological Context

XC is affected by political, economic, sociocultural, and technological (PEST) factors (Warner, 2010). PEST analysis is foundational for strategic planning (Alim & Wening, 2021) and offers a broader perspective than just identifying strengths, weaknesses, opportunities, and threats (Deszca et al., 2020). I have used the PEST framework to consider both my organization and its PoP. The framework will help identify internal and external factors influencing the proposed change. Appendix B, Tables B1 and B2,

provide a breakdown of the pivotal factors influencing the PoP at the macro (external) and micro (internal) levels, and the following discussion summarizes my findings.

Political

CASN (2017) dictates academic standards. Ontario's budget decisions and changes in immigration policies can influence the scope and quality of XC's nursing courses, as well as the enrolment of international students (McGregor & Hunter, 2021). The provincial government's push to expand nursing program enrolments, aimed at addressing post–COVID-19 demands and facilitating the integration of internationally trained nurses (Government of Ontario, 2024), underscores the current challenges. Such policy shifts direct XC's curricular and pedagogical adjustments, ensuring graduates meet the healthcare sector's diverse needs.

Moreover, internal dynamics at XC, including departmental politics and faculty cooperation, significantly influence the nursing programs' direction and integrity. They include political and administrative policies at XC concerning admissions, grading, and student conduct, alongside active faculty engagement in decision-making, including contributions from individuals like me (XC, n.d.-d). This collective action shapes a nursing education framework that is both versatile and aligned with the latest healthcare demands and ethical standards (Canadian Nurses Association, 2017).

Economic

Tuition fees are a significant factor in student enrolment decisions (Rexe & Maltais, 2022) at XC, influenced by Ontario's economic conditions and job prospects for graduates. Although the province offers grants and financial aid, XC's budget decisions directly affect course availability and priorities. Limited funding and high tuition could lower educational quality and deter students, despite promising job opportunities postgraduation. Faculty salaries, determined by collective agreements, play a vital role in attracting quality educators, impacting the education offered. Research investment also enhances student learning with current knowledge. Moreover, the broader economic landscape impacts

healthcare needs and services, dictating the skills nurses must possess. As economic and health priorities shift, the demand grows for a versatile nursing workforce capable of adapting to these new challenges.

Social

As societal perceptions of nursing have evolved alongside Ontario's shifting demographics, there is a growing recognition of nurses' crucial role in healthcare (Riffat, 2023; Shivnan & Kennedy, 2019). XC has responded by prioritizing culturally competent care training, reflecting the diverse backgrounds of both students and the patient population they will serve. This includes practical exercises such as role-playing to improve communication skills with diverse patient groups. XC's campus culture, characterized by mutual respect and collaboration between faculty and students, supports this goal. It promotes open feedback, fostering a culture of ongoing improvement. Moreover, XC's commitment to diversity and inclusivity ensures that all students feel valued (XC, n.d.-b). Beyond academics, XC enhances student engagement through social activities, nursing-related clubs, and societies, enriching the educational experience beyond traditional classroom settings.

Technological

At XC, digital tools have been seamlessly integrated into the healthcare education framework. The simulation labs provide nursing students with hands-on experiences that emulate real-life clinical scenarios. The institution's e-learning platforms and comprehensive online modules grant students the flexibility to study at their convenience, irrespective of location. Such adaptability was especially beneficial during challenges of the COVID-19 pandemic, as XC's robust digital infrastructure ensured uninterrupted academic progression. Moreover, the nursing curriculum at XC is fortified with an advanced IT support system, offering seamless online educational experiences and introducing innovative tools such as virtual reality. To ensure instructional excellence, XC has established continuous training and support initiatives for faculty, aiding them in optimally employing current educational resources.

Summary of the PEST Analysis and Factors

The political environment significantly impacts nursing education, affecting policies, funding, accreditation, workforce needs, and public health priorities (Stievano et al., 2019; Q. Wong et al., 2019). At XC's School of Nursing, political factors are pivotal for change, with external influences like regulations, funding priorities, and healthcare policies shaping the curriculum and institutional benchmarks. Immigration policies also play a crucial role in student demographics and financial stability. Internally, XC's governance, decision-making processes, and departmental politics affect its responsiveness and effectiveness. The interplay between these external and internal political dynamics underscores the importance of political responsiveness for institutional adaptability and improvement. Thus, faculty at XC are crucial in navigating and leading responses to these challenges, emphasizing the importance of adaptability at both the macro and micro levels.

Guiding Questions Emerging From the Problem of Practice

Having delved deeply into the organizational context and grasped the intricacies of the PoP, I recognize the scope and influence of my faculty role as well as the significance of my leadership position. Broader contextual factors surrounding the PoP at XC, how nursing students in maternal–child health roles can be better prepared to optimally support parents with infant feeding decisions, have been explored. Through this exploration, I have realized the complexity of the issue, where interconnectedness often amplifies the challenges. Understanding this web is crucial, as inherent to every problem are intertwined questions that must be unravelled to effectively address the root cause (Schaveling & Bryan, 2018). Four guiding questions have emerged for consideration.

What Is Known About Parents' Experiences and Needs for Infant Feeding?

Parents often find infant feeding advice overwhelming, as they are bombarded with information that makes decision-making difficult (Henshaw et al., 2018). Essential to this guidance is the need for current, evidence-based knowledge to help parents make informed choices (Hunter & Visram, 2019;

Shaikh & Scott, 2005), avoiding misconceptions (Nsiah-Asamoah et al., 2020). They require insights into nutritional needs, feeding methods, overcoming breastfeeding hurdles, introducing solids, and balancing feeding with work, alongside emotional support (Fuhrman & Ross, 2020; Murkoff, 2014). Specialized advice is crucial for infants with health conditions (Currie et al., 2018). Feeding experiences significantly affect parents' confidence and emotional health: negative ones lead to frustration and guilt, whereas positive ones boost self-efficacy (Demirci, 2022; Dykes et al., 2023; Yate, 2017). Nurses are key in providing support and reassurance during this period, helping to navigate challenges and foster positive feeding experiences, particularly for those with additional needs (A. Brown & Jones, 2019; de Almeida et al., 2015; M. Fraser et al., 2020; Hamnøy et al., 2023; Hong et al., 2003).

Why Are Nurses Important in Providing Infant Feeding Support?

Nurses play a pivotal role in supporting parents through infant feeding, combining rigorous training with a hands-on approach during a child's early life (A. Brown & Jones, 2019; de Almeida et al., 2015; M. Fraser et al., 2020; Hamnøy et al., 2023; Hong et al., 2003). They lead antenatal sessions that provide essential nutrition information (Gao et al., 2022; Shafaei et al., 2020), support informed decision-making, and are key in initiating breastfeeding, overcoming initial challenges postdelivery (Shafaei et al., 2020). In the postnatal period, nurses continuously adjust their support to meet families' changing needs, offering guidance and building trust. Research indicates that consistent, empathetic support from nurses leads to increased parental confidence and trust in managing healthcare (Ak et al., 2023; Reticena et al., 2019). Nurses, with their unique combination of knowledge, technical skill, and empathy, stand out among healthcare professionals in guiding breast and infant feeding.

What Education Do Nursing Students Need to Support Infant Feeding Roles?

To effectively prepare nursing students to become adept in assisting parents with infant feeding, a well-crafted curriculum is paramount, as is a foundational understanding of the anatomy and physiology of lactation (Ramírez-Durán et al., 2024; Spear, 2006). Essential to this preparation are hands-

on lactation support skills (Bowdler et al., 2022) and practical communication skills that enable future nurses to relay complex information, especially that related to infant nutritional science (Bowdler et al., 2022), in an accessible manner (Farsi, 2021; Mohamad Pilus et al., 2022; Tang et al., 2019). Finally, curricula must adapt by respecting and encompassing a wide range of cultural practices and beliefs related to infant feeding, including breastfeeding, formula feeding, introduction of complementary foods, weaning practices, and cultural rituals or customs associated with infant feeding (Cassidy, 2013; Cook et al., 2021; McFadden & Erikson, 2020). Collectively, this information points towards a curriculum that bridges known gaps between theoretical knowledge and practical application.

Who Will Benefit From an Enhanced Maternal–Child Health Curriculum?

Enhancing the maternal–child health curriculum at XC benefits nursing students by enabling them to deliver up-to-date, evidence-based infant feeding guidance to parents, fostering confident decision-making and promoting optimal infant nutrition for better health outcomes (Bowdler et al., 2022; Ramírez-Durán et al., 2024). Such improvements may elevate nursing standards, emphasizing the importance of breastfeeding education and child health excellence (WHO, n.d.-b). Better-educated nurses lead to improved patient outcomes and satisfaction. The broader impact includes healthier future generations, yielding socioeconomic benefits and reducing healthcare costs (F. K. Y. Wong et al., 2015). Thus, curricular enhancements at XC represent a holistic strategy with significant and widespread effects.

Leadership-Focused Vision for Change

I have presented reasons for a change in the existing pedagogical mandate at XC. I now present a vision that will guide change management at the organizational level. In detailing the gap between the current state and the desired state, I emphasize the importance of all proposed strategies being directly responsive to the identified PoP, ensuring that my efforts are precisely targeted to address and overcome these specific challenges. I pinpoint required changes, highlight priorities for transformation, and discuss how these changes are anticipated to foster improvement and benefits for all stakeholders. By

addressing internal and external change drivers, I aim for a holistic approach. Change in any organization is inevitable; the initial step to any change is acknowledging that a shift is essential. However, as Lauer (2021) emphasized, recognizing the need for change alone is insufficient. Without deliberate planning and strategic implementation, the change that occurs might not align with the desired outcomes. It is crucial, therefore, to approach change with a clear plan to guide the organization towards the envisioned improvements.

Vision for Change

At XC, a better match is needed between the current maternal–child nursing curriculum and the teaching methods, particularly regarding infant feeding. Despite XC's reputation as a top-tier institution with an expert faculty, this discrepancy has become pronounced, especially given the Ontario government's push to expand nursing education (Ontario Newsroom, 2023). As XC expands its nursing programs, it needs to examine how the integration of practical, theoretical, and experiential learning is implemented, particularly in maternal–child health and infant feeding. Although practical, theoretical, and experiential learning methods are integrated in various segments of XC's nursing program, their notable absence in the maternal–child health curriculum, especially regarding infant feeding, highlights a critical area for improvement. This gap affects breastfeeding education and the preparedness of XCs' graduates. My vision is to refine XC's maternal–child health curriculum to emphasize infant feeding, ensuring students are outstandingly well equipped to support clients upon ETP.

The breadth of nursing education at XC results in a curriculum that is lacking the depth needed for graduates to support new mothers confidently and completely in maternal–child settings, especially in roles focused on aiding breastfeeding initiation and maintenance (Ontario Public Health Association, 2007). This gap, acknowledged by graduates (XC, 2020), aligns with literature and entry-to-practice reports suggesting a need for more maternal–child health training for nursing students (Drake, 2016). It is essential to equip nurses with robust foundational training in maternal–child health, including

breastfeeding, and empower them to tackle challenges and offer support, which is crucial in public health and maternal–child health contexts (Godin et al., 2015; Hassmiller, 2014). Well-trained nurses boost parental confidence, extend breastfeeding duration, and enhance child health outcomes (Rempel & McCleary, 2012).

By updating this critical area, XC aims to become a top choice for nursing students, enhancing their employability and increasing the institution's appeal, which could lead to higher enrolment and tuition revenues (Bordón & Braga, 2020). This improvement also attracts talented faculty and opens opportunities for valuable partnerships, grants, and research collaborations, directly benefiting XC's fiscal health and academic prestige (Hwang, 2020; Qazi et al., 2022). Thus, enhancing the maternal–child health curriculum at XC not only boosts its academic reputation, but also promises significant financial gains. A high-quality program enhances faculty satisfaction, reduces turnover, and fosters strong connections with employers and alumni, who are more likely to support the college financially and reputationally (Iskhakova et al., 2017; Miotto et al., 2020). This creates a virtuous cycle where academic excellence and financial stability reinforce each other, maintaining XC's status as a leading educational institution. Leadership at XC balances financial goals with the commitment to educational quality, reflecting a dual focus on business outcomes and producing practice-ready graduates, thereby aligning financial objectives with a dedication to educational excellence.

Enhancing the maternal–child health curriculum at XC will similarly usher in a myriad of social benefits for the community. A robust training program directly improves community health by producing nurses equipped to offer optimal maternal–child healthcare, fostering healthier outcomes for families (S. Fraser et al., 2016). Emphasizing maternal health will empower women to prioritize their well-being, enhancing community health (Verbiest et al., 2016). As XC's reputation flourishes, it can create collaborative opportunities with local healthcare providers, augmenting job prospects for graduates and fostering a culture of lifelong learning. Incorporating diverse perspectives within the curriculum

promotes inclusivity, acknowledging various cultural practices related to maternal–child health (Lonneman, 2015). In the long run, with its heightened stature, XC might influence provincial health policy decisions, emphasizing the importance of specialized maternal–child healthcare in Ontario.

Bridging the Divide: From Current Reality to Future Vision

As a change agent at XC, particularly within the maternal–child health curriculum, I am tasked with spearheading and managing curriculum enhancements. Following Mansaray (2019), who positioned a change agent as crucial for organizational change, and Lauer (2021), who highlighted the importance of a clear vision and strategic plan, I will leverage my position to adapt the curriculum to the changing healthcare landscape. Utilizing the balanced scorecard framework (Kaplan & Norton, 1992), I will monitor the curriculum's effectiveness from various angles, including student performance and the alignment of teaching methods with learning outcomes. This approach will allow for a detailed evaluation of teaching material effectiveness and offer insights to continually refine the strategy (Mio et al., 2022). By applying this method, I aim to ensure XC's curriculum not only meets educational objectives but also equips students for their future healthcare roles, benefiting both them and the wider community.

At XC, the approach to maternal–child nursing education varies between programs, with the BScN offering a focused yet theoretically heavy 14-week course, lacking practical exposure. In contrast, the PN program integrates maternal–child topics into broader courses, often only providing a surface-level understanding. Notably, both programs lack depth in infant feeding education. My goal is to enrich the curriculum with comprehensive infant and breastfeeding knowledge, supported by practical experiences in labs, simulations, and clinical settings. Faculty involvement is crucial for such curricular changes, as teaching innovation is a right protected under collective agreements, emphasizing the need for administrative support (Bryant et al., 2020). This proposed transformation aims to harmonize faculty and student goals, emphasizing infant feeding to enhance pedagogy and graduate competence (Bryant

et al., 2020; Mulcahy et al., 2022). Realizing this vision requires faculty and leadership buy-in at XC, targeting both qualitative improvement and measurable outcomes for the institution.

Bridging the divide from the current reality to the future vision must also include EDI considerations. The maternal–child health curriculum at XC, especially when delving into infant and breastfeeding, goes beyond knowledge dissemination and seeks to nurture human connections and cultivate sensitivity. Emphasizing Shapiro and Stefkovich's (2016) ethic of care will be pivotal when shaping the curriculum. EDI principles are pillars of Canada's diverse contemporary society, and recognizing the multitude of breastfeeding practices, influenced by varied cultural and personal beliefs, underscores the curriculum's commitment to them. Ensuring that the curriculum is comprehensive and embraces differences aligns with the broader institutional goals of inclusivity (XC, n.d.-b).

Incorporating the ethic of care and EDI principles means that the faculty's approach to teaching about infants and breastfeeding must transcend biological processes and foster an environment where trust, empathy, and open dialogue flourish (Shapiro & Stefkovich, 2016). Such an atmosphere prepares students to address sensitive topics with confidence, embracing and valuing clients' diverse experiences and feelings. In an educational context, students, irrespective of background, feel involved when they are heard and valued, leading to more enriched learning (Wood, 2014). With EDI and the ethic of care (Shapiro & Stefkovich, 2016) as guiding principles, XC's graduating nurses will be not only knowledgeable but also compassionate, culturally adept, and primed to cater to diverse communities, particularly in intimate spheres like infant care (M. Park et al., 2012; Shayestehfard et al., 2020).

Drivers for Change and Macro-Meso-Micro Leadership Considerations

Driving change at XC will involve three strategic priorities: engaging early adopters (Higgins & Bourne, 2018), maintaining strategic communication (Gilley et al., 2009), and securing organizational buy-in (Hubbart, 2022). The first step will be to identify faculty early adopters who can champion the integration of infant feeding practices into the curriculum. Leveraging my transformational and coaching

leadership styles, I aim to inspire and guide these key individuals. As Bel et al. (2018) outlined, early adopters are crucial for embedding essential practices effectively, fostering innovation, and supporting change within educational settings.

The second and third priorities revolve around effective communication and securing buy-in from faculty and leadership, which will be fundamental to the curriculum transformation process. Engaging in continuous dialogue with faculty, leadership, and students will be essential for explaining the rationale behind curriculum changes, securing support, and fostering a collaborative, problem-solving culture (Fadzil et al., 2019; Yue et al., 2019). This approach ensures that curriculum adjustments are well-informed and targeted, especially in areas like maternal–child health, preparing graduates for professional challenges (Borges & Quintas, 2020; Gilley et al., 2009). Gaining the support of faculty and leadership is key to a smooth transition to new pedagogical approaches, highlighting the necessity of these changes and ensuring their successful integration and widespread adoption.

In terms of leadership, I explore considerations at the macro, meso, and micro levels of the organization. Drawing from Bolman and Deal's (2021) four frames model, I have deepened my perspective on leadership across these academic layers. The four frames model comprises the structural frame, which focuses on organization, roles, and policies to ensure clarity and efficiency; the political frame, which recognizes the organization as an arena of competition and conflict over scarce resources; the human resources frame, emphasizing the importance of aligning organizational and human needs for mutual benefit; and the symbolic frame, which understands the power of symbols, culture, and narrative in shaping organizational life and meaning (Bolman & Deal, 2021). Applying this comprehensive approach in conjunction with a macro-meso-micro analysis has enriched my understanding of leadership dynamics within complex academic environments.

At the macro level, the structural frame underscores the importance of cohesive leadership for achieving institutional goals. At the meso level, the political frame reveals the significance of

collaboration and strategic partnerships for departmental unity. At the micro level, the human resource frame highlights the need to recognize faculty contributions and foster a respectful and understanding culture. Additionally, the symbolic frame, essential at all levels, illuminates the power of symbols, rituals, and narratives in creating a shared sense of purpose and identity within the academic community (Bolman & Deal, 2021). By integrating the four frames into my leadership strategy, including the often-overlooked symbolic aspect, I have gained nuanced insights of important components at various levels. This holistic approach enhances my ability to navigate a complex leadership landscape, acknowledging the significance of culture and shared values in driving organizational change and cohesion.

At the macro level, leadership engagement should keenly focus on XC's executive branch, primarily the vice president of academics. The weight of XC's reputation in determining nursing graduates' futures underscores the importance of this role. At XC, I envision garnering support from the vice president of academics by aligning my initiatives with the institution's strategic goals and demonstrating their potential to enhance XC's reputation and success. Building a collaborative relationship, seeking feedback, and presenting a well-structured proposal will be key in securing the vice president's endorsement. Bolman and Deal's (2021) structural frame emphasizes the intricacies of organizations and the necessity for clarity and coherence in hierarchical set-ups. Given this frame, the vice president, who oversees pivotal programs like nursing, becomes instrumental in driving strategic initiatives, such as the restructuring of the nursing programs, to bolster XC's industry position.

Shifting to the meso tier, the spotlight is on the leadership roles of the dean and associate dean. These leaders are faced with multifaceted tasks such as curriculum revamps. Bolman and Deal's (2021) political frame, which underscores power, conflict, and coalition-building, demonstrates that these roles are central to navigating departmental politics, championing curriculum changes, and rallying support. The dean's and associate dean's leadership will be critical for striking a balance between transformative goals and the practicalities of administrative tasks.

At the micro level, the focus is on faculty and sessional instructors, where Bolman and Deal's (2021) human resource frame is most applicable. This level emphasizes human needs, skills, and relationships, highlighting the role of educators as central to the enactment of change. Their leadership through content adaptation and methodological shifts is pivotal. Recognizing their insights and ensuring they are supported will be indispensable for navigating the nuances of educational reform effectively.

The strategy for implementing change starts at the macro level with engagement from the vice president of academics, establishing a foundation that aligns with XC's broader objectives. It then progresses to the meso level, involving the dean and associate dean to address curriculum changes and departmental dynamics. Finally, at the micro level, engaging educators directly is critical for the practical execution of initiatives. This structured approach, moving from executive support to administrative adjustments and securing educator buy-in, forms a comprehensive strategy to advance strategic initiatives, capitalizing on the distinct roles and influences at each level.

Chapter 1 Summary

In this chapter, I explored my leadership practices, particularly in relation to my responsibilities overseeing the maternal child course and curriculum at XC. I detailed the broader organizational environment and zeroed in on a specific PoP. Leveraging the PEST analysis, I dissected the elements shaping the PoP, drawing a roadmap toward the organization's direction. In the next chapter, I select a change framework that resonates with XC's culture, gauge readiness for change, and give a detailed assessment of methodologies to enhance how XCs' nursing department approaches the infant and breastfeeding components of the maternal–child health nursing curriculum.

Chapter 2: Planning and Development

In Chapter 1, I set the foundation for XC's journey into change. In Chapter 2, I delve deeper into the dynamics o f change, identifying areas of underlying importance that require refinement. A central theme of this chapter is the rationale for the change, the "why." This understanding is crucial as it aids in crafting a detailed and balanced change strategy based on existing theoretical frameworks, ensuring alignment with the unique characteristics of the organization in addition to gaining support and buy-in from others. I also clarify my leadership principles in the context of change. These principles play a significant role in how I will address the challenges associated with the DiP. With this background established, I then outline the framework for driving change and assessing the organization's capacity and readiness for change. To conclude this chapter, I evaluate strategies to resolve the PoP, relying on existing literature and theoretical models to pinpoint the strategy that best meets the change goals.

Leadership Approach to Change

In this section I explore my leadership stance, particularly highlighting transformational leadership attributes. My primary aim here is to balance my personal beliefs with the overarching vision and motivation intrinsic to transformational leaders. One pivotal element of my discussion stems from Donabedian's (1981) quality model. This model underscores the significance of leadership and organizational culture in healthcare, especially in achieving successful transformation. It further suggests that leaders can shape culture by directing and galvanizing a team toward unified goals and optimal outcomes (Donabedian, 1981). Given this foundational insight from the literature, I elaborate on why transformational leadership is necessary, especially from a coaching perspective at XC. I reflect on how this leadership approach can actualize the envisioned change at XC. Last, I evaluate potential challenges and benefits with my transformational leadership through a coaching lens.

Personal Perspective on Leadership

Leadership is fundamentally about the systematic approach by which an individual directs and

influences a group to achieve specific objectives (Northouse, 2022). Such leadership extends beyond just guiding; it emphasizes leaders' profound influence over their followers (Yukl, 2013). Leadership is multifaceted and can be segmented into distinct behaviours and qualities inherent to influential leaders (Bass & Riggio, 2006). Moreover, my perspective on leadership, whether I am in a position of leading or being led, is centred around empowerment. The very essence of leadership denotes a relational dynamic, with one individual steering the course. In this dynamic, relationships are pivotal.

After meticulous consideration, I have selected a leadership style to align with XC's cultural norms, which traditionally favour a transactional leadership approach (Northouse, 2022). Despite my inclination towards transformational leadership and coaching, I needed to find a balance that fit the organization's structured environment. Ultimately, I chose the full range leadership theory (FRLT) for its ability to integrate the directness of traditional leadership with a focus on strengthening team relationships (Avolio, 2011; Avolio & Bass, 1991; Curtis, 2018) ensuring role clarity and fostering better communication within the organizational hierarchy (Hoch et al., 2018). Transactional leadership, a core component of FRLT, is characterized by a system of rewards and penalties based on performance (Cobbs, 2021). It emphasizes clear structures, expectations, and a give-and-take relationship between leaders and staff. From a transactional point of view, staff members are motivated by tangible rewards such as bonuses, promotions, and recognition for their achievements (Cobbs, 2021). This approach aids in cultivating a culture that values professionalism and mutual respect, key factors in enhancing the workplace atmosphere (Cobbs, 2021; Witges & Scanlan, 2014) and motivating team members to enthusiastically pursue set goals (Banks et al., 2016).

The Role of FRLT Within XC's Nursing Programs

I chose Avolio and Bass's (1991) FRLT as a strategic method to integrate XC's prevailing transactional leadership style with my personal transformational and coaching-oriented approach. The hierarchical organizational structure at XC significantly influences interactions across various levels—

administration, educators, and students. Williams (2016) noted that such structures profoundly shape educational environments. It is critical to initiate change that does not radically break away from established practices, thereby avoiding potential resistance from faculty members who might be wary of drastic departures from XC's traditional decision-making processes (Avolio, 2011; Kanat-Maymon et al., 2020; Oberfield, 2014). At the same time, the FRLT model is underpinned by scholarly research that advocates for its effectiveness, especially when adapted to encourage a leadership style that is more empathetic and cooperative, reflecting my leadership qualities (Kanat-Maymon et al., 2020; Yahaya & Ebrahim, 2016). This versatility makes it viable for preserving certain aspects of the existing operational culture while promoting progressive transformation and capacity-building (Avolio, 2011; Oberfield, 2014).

FRLT advocates for integrating transactional and transformational leadership styles to navigate organizational change effectively (Avolio, 2011). Research has highlighted the unique benefits of both styles in diverse contexts, underscoring their importance in ensuring flexibility and stability (Antonakis & House, 2013; Sivarat et al., 2021; Yahaya & Ebrahim, 2016). Specifically, transactional leadership's emphasis on clear expectations provides the consistency that people in organizations like XC need during transition periods, offering a predictable framework for change (Arenas, 2019).

Within XC, the strengths of transactional leadership are crucial, as faculty and staff who are adept in this style will play key roles in the change process, offering structure and stability. This leadership style is complemented by transformational leadership, which moves beyond mere transactions to inspire and mobilize employees towards a collective vision, enhancing creativity and commitment essential for organizational evolution (Abbasi, 2017; Bakhshandeh et al., 2023; Bass & Riggio, 2006; Lewa et al., 2022). Together, these leadership styles provide a balanced approach, ensuring a cohesive and dynamic transition while embracing both the humanistic aspects of leadership and the practical needs of organizational structure.

As I look to the future of maternal–child nursing education at XC, employing FRLT (Avolio & Bass, 1991) will be central to guiding change through a balanced and strategic lens. FRLT's blend of transactional and transformational styles will help to address change management's complex dynamics (Antonakis & House, 2013). By adopting a broad spectrum of leadership behaviours as recommended in scholarly literature, I aim to effectively synchronize my strategies with XC's immediate and future objectives (Curtis, 2018). This entails leveraging transactional leadership for precise planning and execution of change initiatives, ensuring goals are clear and feedback systems robust for trackable progress (Pratt, 2021). Simultaneously, transformational leadership will be harnessed to motivate and inspire XC's staff, instilling a vision that promotes adaptability and innovation (Bass & Riggio, 2006). This harmonized use of FRLT (Avolio & Bass, 1991) is intended to equip the team to adeptly manage change, nurturing an organizational culture that embraces challenges and aspires to excellence (Baškarada et al., 2017). Following Dartey-Baah (2015), this approach aims to cultivate a proactive, resilient organization, steering XC towards a proficient future in implementing transformative changes.

Dimensions of Agency: Comprehensive Analysis and Extra Considerations

As the curriculum lead for maternal–child health at XC, I oversee crucial tasks like setting course objectives, maintaining subject integrity, and initiating curricular changes. This role empowers me to adapt strategies to achieve educational goals, although faculty approval is necessary for any changes, underscoring the importance of early engagement to streamline the process. FRLT has proven invaluable in addressing challenges and exploring overlooked solutions (Avolio, 2011). Implementing Deming's (2018) plan-do-study-act (PDSA) cycle facilitates a methodical approach for testing and evaluating changes, essential for refining XC's maternal–child nursing curriculum (Crowfoot & Prasad, 2017; Leis & Shojania, 2017). This structured yet adaptable process enables the trial of new ideas and quality improvement, ensuring curricular innovations are both effective and sustainable (van de Mortel & Bird, 2010).

Reflecting on leadership strategies, I recognize the need for inclusivity and adherence to organizational structures. My research underscores the significance of balancing these elements. By adopting a relationship-centric leadership style and applying FRLT (Avolio & Bass, 1991), I aim to foster a conducive environment for change without compromising organizational integrity or individual roles (Curtis, 2018; Witges & Scanlan, 2014). Embracing a flexible framework is crucial for achieving these objectives efficiently (Casey, 2021; Yukl & Lepsinger, 2004).

Framework for Leading the Change Process

I have established my leadership style as one that incorporates transformational leadership and coaching, integrated with FRLT (Avolio & Bass, 1991) to complement XC's transactional organizational culture and effectively merge these styles. To drive the change process, I have chosen Kotter's (1995) eight-step framework for its sequential approach and alignment with the structured environments of higher education. I discuss how Kotter's steps provide a strategic progression that aligns with my leadership style and the transactional nature of XC, detailing the communication strategies necessary for each stage of change and their corresponding limitations. I also outline how the change process will align with Bartunek and Moch's (1987) model of first, second, and third order changes.

Kotter's Eight-Step Framework

This DiP integrates Kotter's (1995) eight-step change model to enhance the effectiveness of XC's nursing programs (Kang et al., 2022; Pollack & Pollack, 2015). The steps of the model, (a) establishing urgency, (b) forming a coalition, (c) creating a vision, (d) communicating the vision, (e) empowering action, (f) generating short-term wins, (g) consolidating gains, and (h) anchoring new approaches, can guide administrators and faculty working to enhance the maternal–child health curriculum. This model promotes adaptability and continuous improvement, integrating changes deeply within the culture (Kotter, 2012). Step 5 (empowering action by removing barriers) and Step 6 (generating and celebrating short-term wins) are particularly critical: They not only facilitate change by empowering stakeholders but

also ensure the initiative's momentum and embed a lasting impact. Celebrating these wins echoes Deming's (2018) PDSA cycle's study and act stages, reinforcing constructivist principles that value practical learning and reflection for meaningful curriculum development (Narayan et al., 2013).

Selecting Kotter's (1995) model for XC's nursing programs aligns with the institution's preference for gradual change, a suitability Pollack and Pollack (2015) have highlighted. This choice is further validated by integrating the model with Deming's (2018) PDSA cycle, which allows for ongoing refinement based on empirical data (Christoff, 2018; Leis & Shojania, 2017). In my role as the maternal–child course curriculum lead, I focus on developing a comprehensive infant and breastfeeding curriculum. This development is in line with the standards of the CASN (2017) and the Canadian Council for Practical Nurse Regulators (n.d.), aiming to enhance nurse preparedness and necessitating approval from XC's faculty and leadership.

My approach in implementing Kotter's (1995) model includes celebrating every step of progress, a strategy that is crucial for long-term success and maintaining the enthusiasm of all interested and affected parties (Pollack & Pollack, 2015). The expected approval and subsequent implementation of these curriculum changes promise to significantly improve XC's maternal–child nursing programs, particularly in integrating infant and breastfeeding education. Looking ahead, I am committed to leading a cycle of continuous improvement, reflecting the principles of the PDSA cycle in higher education (Deming, 2018; Kang et al., 2022). This involves a dynamic process of planning, action, study, and adjustment, focusing on enhancing teaching methods to meet the diverse needs of XC's nursing community (Pollack & Pollack, 2015).

In Chapter 1, I highlighted the significance of Donabedian's (1981) quality model and Fink's (2013) taxonomy of significant learning as foundational to understanding and implementing the necessary changes in the maternal–child health curriculum at XC. These models have shaped my approach to change management, providing both theoretical and practical guidance.

Donabedian's (1981) quality model, which focuses on structure, process, and outcomes, is pivotal for evaluating and ensuring the quality of nursing education. By applying this model to the curriculum changes at XC, I can systematically assess and improve the structural components of the program, refine the educational processes, and measure the outcomes to ensure they meet the desired standards. The structural elements of the nursing program, such as faculty roles, resource allocation, and the physical and digital learning environments, will be evaluated and optimized to support the new curriculum. This includes enhancing the infrastructure for practical and experiential learning, such as simulation labs and clinical placements. The processes involved in delivering the curriculum, including teaching methods, student engagement strategies, and assessment techniques, will be refined to ensure they align with the best practices in nursing education. Emphasis will be placed on integrating practical, theoretical, and experiential learning to provide a comprehensive educational experience. The expected outcomes of the curriculum changes, such as improved student competence in infant feeding support and enhanced maternal–child health knowledge, will be clearly defined and measured. This involves setting specific, measurable goals and using both qualitative and quantitative methods to evaluate the success of the program

Fink's (2013) taxonomy of significant learning provides a comprehensive framework for developing a curriculum that fosters deep and transformative learning experiences. By integrating this taxonomy into the maternal–child health curriculum at XC, I aim to create a holistic educational experience that addresses all dimensions of learning. Ensuring students acquire essential knowledge about maternal–child health and infant feeding practices is critical for building a robust understanding of the subject matter. Emphasizing practical experiences where students can apply their knowledge in real-world settings, including hands-on practice in simulation labs, clinical placements, and community engagement activities, will enhance learning. Facilitating the integration of knowledge from various disciplines helps students see the connections between different aspects of maternal–child health,

enhancing critical thinking and problem-solving skills. Developing students' interpersonal skills and empathy is crucial for supporting mothers and families in infant feeding, including training in communication, cultural competence, and ethical considerations. Fostering a caring attitude towards patients emphasizes the importance of compassionate care in nursing practice, highlighting the role of nurses as advocates and supporters of maternal–child health. Encouraging reflective practices that help students become lifelong learners, continually improving their skills and knowledge, involves promoting self-assessment, continuous improvement, and adaptability.

By explicitly linking Donabedian's (1981) quality model and Fink's (2013) taxonomy of significant learning to the change framework, I ensure that these conceptual models are not only referenced but are also actively guiding the strategies and solutions proposed in this dissertation. This integrated approach provides a clear and coherent narrative that demonstrates the importance and impact of these models throughout the work. The application of Donabedian's model ensures a structured, systematic approach to improving nursing education quality, focusing on tangible improvements in structure, process, and outcomes. Fink's model enriches the educational experience by promoting comprehensive, transformative learning that equips students with essential knowledge, practical skills, and a caring attitude. Together, these models ensure that the curriculum changes at XC are grounded in robust theoretical frameworks, leading to high-quality education that benefits students, faculty, and the broader community. Their impact is seen in the enhanced preparedness of nursing graduates, the improved support they can provide to mothers and infants, and the overall advancement of maternal–child health education at XC.

Barriers and Strategic Considerations

Some criticisms and shortcomings have been raised regarding Kotter's (1995) framework that warrants consideration when utilizing his approach. More than one model may need to be considered to cover all facets of change within the context of a unique organization (Siddiqui, 2017). Thus, I have

identified a model that best fits my organization's unique context and intend to tailor it to increase the chances of achieving successful change. Shortcomings of Kotter's model that have been highlighted include its failure to address change readiness and the importance of informal leadership (Rajan & Ganesan, 2017). Change is complex and seldom follows a predictable path, owing to the variable nature of human behaviour (Warrilow, 2023). Suggestions have been made to update the model to better suit current practices, including establishing metrics to measure the impact of change (Rajan & Ganesan, 2017; Siddiqui, 2017). I plan to incorporate these insights into my evaluation of XC's nursing programs as I update the infant and breastfeeding curriculum to ensure comprehensive maternal–child health education.

In his 2012 update, Kotter introduced the XLR8 model, which adapts to the accelerated pace of change, a significant evolution from his original 1990s framework (Kotter, 2012). The XLR8 model operates on a dual-system basis, maintaining traditional hierarchical structures alongside a responsive network dedicated to design and strategy (Kotter, 2014). It keeps the existing chain of command intact while promoting agility and responsiveness to the rapid shifts in the environment and has uses in higher education (Odiaga et al., 2021). For institutions such as XC, XLR8 offers a strategic advantage, allowing a steadfast organizational hierarchy to coexist with a flexible change-oriented network that can adapt and evolve (Kotter, 2014).

The refined version of Kotter's (1995) original change management theory has demonstrated its robustness and adaptability in diverse organizational contexts (Kotter, 2012, 2014; Schulman, 2015). Its application has led to sustainable change initiatives attuned to the specific challenges and dynamics of various markets (Kotter, 2014). The model features a feedback loop and ensures that the implemented changes are resilient and market-responsive (Kotter, 2014). Although integrating multiple change strategies might introduce complexity, it ultimately cultivates a more flexible and innovative organizational culture (Siddiqui, 2017). With XC's change process in mind, I can initiate this change with

the foundational principles of Kotter's (1995) eight-step model and then systematically incorporate the XLR8 framework as the change progresses.

Steps 4 and 5 of Kotter's (1995) model, which revolve around communicating the vision and empowering action, rely heavily on effective communication. At XC, the vision will be disseminated through the established communication pathways within the Department of Nursing, as detailed in Appendix A, Figure A2, which delineates the communication sequence for change. Avoiding communication barriers among faculty is a challenge and a potential obstacle in the change process. In Chapter 3, I explore approaches to leverage XC's organizational structure to facilitate effective message delivery, identifying and addressing potential communication barriers upfront to ensure that all faculty members feel included and engaged in the conversation. These considerations are integral to the nature of change I aim to implement at XC, reflecting a proactive stance toward anticipated communication challenges.

Change Order in Change Interventions

My change project at XC will comprehensively engage with Bartunek and Moch's (1987) model of first, second, and third order changes to ensure its success. The first-order change aspect of this project involves making incremental improvements to maintain stability within the organization and minimize disruption during the transition (Bartunek & Moch, 1987). The core of my project, however, aligns with the concept of second-order change, which involves a significant shift (Bartunek & Moch, 1987) in the nursing curriculum at XC. A new breast and infant feeding curriculum within the nursing programs is a transformational change, requiring a restructuring of the existing curriculum and aligning it with the latest evidence-based practices. It thereby represents a considerable ideological shift in XC's educational approach. In addition, the project will also involve third-order change, focusing on creating a transformative leadership and practice culture within XC's nursing department. This will be achieved by engaging and empowering administration and faculty, fostering a proactive and adaptable mindset

towards change.

The initiative to incorporate a new focus on breast and infant feeding into XC's nursing curriculum embodies both first- and second-order changes (Bartunek & Moch, 1987). I will be introducing a second-order change by significantly expanding the curriculum's scope to include essential maternal–child health topics. This fundamental enhancement is supported by first-order changes, which entail gradual improvements and cultural shifts within the program to facilitate this integration. These combined efforts pave the way for a profound evolution in XC's nursing education, ensuring that graduates are thoroughly prepared for maternal–child health ETP.

Organizational Change Readiness

In this section, I describe my assessment of the readiness for change within XC, considering my change framework and leadership strategies. Given the importance of recognizing the difference between individual and organizational readiness (L. Russell & Russell, 2023; Weiner, 2009), I also evaluate the department's preparedness for the proposed changes. My analysis leverages existing theories and secondary data to evaluate participant roles and external and internal forces influencing change, using diagnostic tools to understand these dynamics.

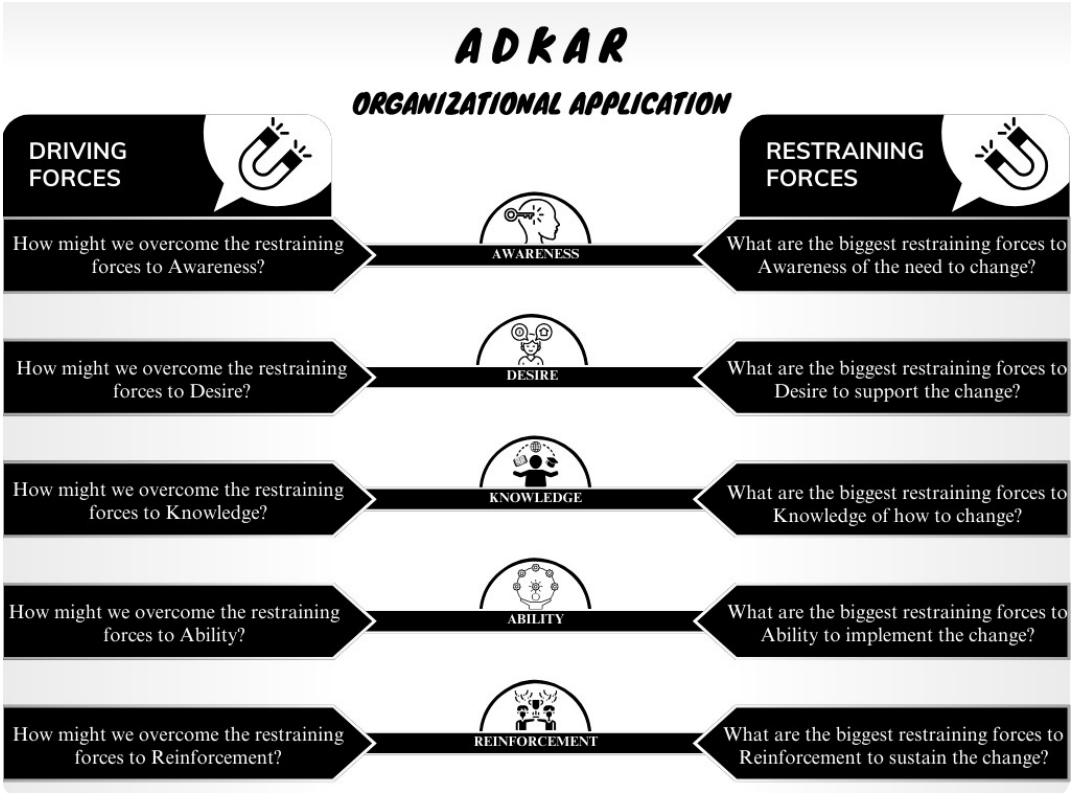
Change Readiness Evaluation Frameworks

Assessing change readiness is crucial but is often overlooked in improving organizations (L. Russell & Russell, 2023). It encompasses understanding factors that can promote or obstruct change (Weiner, 2020). At XC, evaluating beliefs, attitudes, and intentions towards change, and the organization's capacity for it, is part of this readiness. Research has shown that readiness is influenced by alignment with members' values, contextual dynamics, existing practices, culture, and policies (Hemme et al., 2018; Mrayyan, 2020; Weiner, 2009). I apply Hiatt's (2006) model that examines awareness, desire, knowledge, ability, and reinforcement (ADKAR), and Lewin's (1951) force field analysis, for a thorough change readiness assessment, covering both individual and organizational aspects.

ADKAR focuses on individual change phases, aiding in guiding the faculty team through change (Hiatt, 2006). Lewin's (1951) force field analysis provides a wider organizational perspective by identifying forces driving and restraining change (Baulcomb, 2003). This method identifies the positioning of organizational members and individuals in their change journey, tackling specific obstacles and incentives. It also highlights broader organizational factors affecting change. Continuous readiness assessment, starting with ADKAR's awareness and desire phases, is crucial, involving recognizing the change need and building a supportive mindset (Q. Wong et al., 2019). Using ADKAR (Hiatt, 2006) and Lewin's analysis offers a detailed readiness for change assessment within XC's nursing programs, examining and addressing restraining forces as shown in Figure 2.

Figure 2

ADKAR and the Forces of Change



Note. Adapted from *Unlocking Value Realization Using ADKAR and Force Field Analysis*, by T. Creasey, 2021, p. 46. Copyright 2021 by Prosci.

The ADKAR model (Hiatt, 2006) and Lewin's (1951) force field analysis address resistance to change at both the individual and organizational levels. These models facilitate a nuanced approach to change implementation by focusing on personal transitions (ADKAR) and analyzing restraining forces (force field analysis), thereby enhancing the effectiveness of change strategies. Furthermore, they include the interplay between individual willingness and organizational forces, ensuring a comprehensive evaluation of change readiness (Creasey, 2021). My objective to improve nursing skills in breast and infant feeding at XC resonates with the institution's core value of job readiness postgraduation. This goal has attracted early backing from XC's institutional and administrative members, reflecting dynamics Deszca et al. (2020) have explored. However, there has been noticeable resistance from XC's nursing faculty towards adopting new teaching methodologies, indicating a preference for traditional practices (Jenkins, 2020).

This resistance to changing XC's educational tactics is a familiar obstacle in settings governed by centralized decision-making. Andrews et al. (2009) discussed resistance in centralized systems, with further insights on the challenges of educational reform in such environments (Canning & Found, 2015). Nonetheless, recent positive shifts within the nursing department, led by new faculty and leadership appointments, suggest an openness to these necessary adjustments. Assessing and enhancing readiness for this change requires a meticulous evaluation of organizational culture, stakeholder engagement, and the program's change management capabilities (Abbasi, 2017; Mrayyan, 2020; Weiner, 2009). This in-depth approach is essential for facilitating institutional and leadership readiness for the proposed enhancements in XC's nursing programs.

Examining the Forces Driving Change

In my role as a change management leader, my unique positionality acts as a critical driving force from within, deeply intertwined with my professional methodology. My background in nursing education, coupled with my personal journey as a man who has worked in maternal–child health nursing

practice, profoundly shapes my perspective. This intersectionality not only enables me to serve as a driving force, identifying and addressing often overlooked aspects of maternal–child health but also positions me as a pivotal driving internal force, especially concerning infant and breastfeeding information (Dykes et al., 2023). My approach is not just about implementing change but doing so through a lens that acknowledges and challenges systemic biases (Tang et al., 2019), effectively becoming a catalyst for overcoming restraining forces such as entrenched practices and perspectives. By embracing my own biases and understanding their influence on my critical thinking, I am better equipped to foster a truly inclusive and comprehensive strategy in the curriculum at XC. This perspective is vital in recognizing the multifaceted nature of change, ensuring that my solutions are culturally sensitive, inclusive, and effective in addressing the diverse needs of mothers and children.

The initiative to enhance breast and infant feeding education in XC's nursing programs involves multiple driving forces such as key partners and interested parties. Central to this endeavour are students, who will benefit from a curriculum that better prepares them for healthcare careers. Their perspectives and readiness for embracing the enhanced curriculum will be assessed so that their needs and expectations can be addressed. Administrators play a pivotal role in integrating new curriculum elements, with government agencies offering funding linked to performance metrics such as job placement rates. The readiness of administrators to support and implement these changes will be evaluated, acknowledging their influence on the successful integration of new curriculum elements. Faculty will be crucial for enacting changes, and they must adhere to guidelines from professional nursing organizations to keep lessons in maternal–child nursing current (Venance et al., 2014). I prioritized the initial readiness assessment of faculty due to their direct impact on curriculum delivery, yet expanding this assessment to include students and administrators will acknowledge the comprehensive nature of curriculum change. Preparing and aligning all key stakeholders with the initiative's objectives will facilitate a smoother change transition.

Interested parties include alumni, who provide practical insights into the curriculum and who improve healthcare service delivery as well-educated graduates (Kavanagh & Sharpnack, 2021). The curriculum is also shaped by industry demands for specialized skills, such as breast and infant feeding, highlighting areas for enhancement (McGarity et al., 2023). Accreditation bodies, like CASN, validate educational quality. Advancing nursing education at XC will require consideration of these interested parties to ensure the initiative meets healthcare needs.

Several internal restraining factors contribute to the current limited focus on infant and breastfeeding education in XC's nursing programs. A key issue related to a shortage of specialized faculty is a lack of depth and quality in the curriculum (Wells-Beede et al., 2023; Zungolo, 2004), a seeming reality at XC. Resource constraints hinder the provision of necessary labs and equipment. Student retention, influenced by engagement and satisfaction, affects learning outcomes and exam preparedness (XC, 2020). Additionally, the curriculum focus is shaped by departmental limitations and the biases of associate deans (Huber et al., 2017). Often, faculty members not involved in teaching specific courses design the curriculum, causing mismatches between curriculum goals and course needs (Glatthorn et al., 2012). Also, student preferences and feedback (XC, 2020) might result in overlooking essential topics like infant and breastfeeding care.

External driving forces, however, influenced by industry trends and professional standards, necessitate improved infant and breastfeeding education in XC's nursing programs (Bowdler et al., 2022; Chalmers et al., 2009; Gavine et al., 2017; WHO, n.d.-a, n.d.-b). CASN accreditation mandates the use of evidence-based practices (CASN, 2017). Addressing community-specific challenges, such as disparities in breastfeeding rates across socioeconomic and racial groups and the decline in breastfeeding initiation and duration since 2015, is crucial ([Local Public Health Unit], 2019). Collaborations with organizations like La Leche League (https://www.lllc.ca/) and feedback from healthcare professionals would help to align the curriculum with these needs, preparing nurses for culturally sensitive care (Cervera-Gasch et

al., 2021; Cook et al., 2021).

Measuring XC Readiness for Change

In preparing for the proposed curricular changes within XC's nursing department, assessing the readiness of administrative staff, particularly associate deans, will be critical. These individuals significantly influence curriculum decisions. It is important to clarify that the conclusions drawn here are based on informal discussions and my personal observations, not on primary research or formal assessments. As a scholar practitioner, I considered the potential perspectives, biases, and support levels towards integrating advanced nursing skills in breast and infant feeding by drawing from existing literature and my own perceptions, aligning with the institution's mission of enhancing graduates' job readiness. This process illuminated the administrative landscape, revealing a spectrum of readiness and areas for alignment to ensure the possible solutions resonate across all levels of leadership.

Equally important was understanding the potential impact of these changes on student retention and feedback. By examining trends from similar curricular adjustments at other institutions and considering the knowledge and skills of students in my courses, it became clear that an emphasis on practical skills like breast and infant feeding could significantly enhance job preparedness and satisfaction among graduates.

To assess change readiness in XC's nursing department, I integrated Lewin's (1951) force field analysis with the ADKAR forces readiness for change survey (Hiatt, 2006), as shown in Appendix C. This approach was based on hypothetical results derived from my understanding and expertise. It focused on faculty's engagement with change, highlighting capabilities, motivations, and perceptions with an emphasis on the desire stage (Hiatt, 2006). My deep understanding of the program's history and values, informed by my roles as faculty and nurse with expertise in maternal–child health, shaped this assessment, aiming to support XC's administrative change management efforts that have been hypothetically summarized in Appendix D.

My personal observations indicated several key drivers and barriers to readiness within the ADKAR dimensions:

- Awareness: Faculty and administrators have shown a general awareness of the need for curricular changes. However, there was a varying depth of understanding regarding the specific benefits and implementation of breast and infant feeding education.
- Desire: Although many faculty members have expressed a willingness to support the changes, concerns about additional workload and the relevance of the changes to their specific teaching areas were also present.
- Knowledge: There has been a recognized need for more comprehensive training and resources to ensure that faculty members could effectively teach the new curriculum components.
- Ability: Faculty members' ability to implement the program changes has been seen as contingent upon receiving adequate support and training. Some expressed confidence in their ability to adapt, whereas others felt less prepared.
- Reinforcement: Ensuring ongoing support and reinforcement for program changes has been identified as crucial. Continuous professional development and institutional support are necessary to maintain momentum and address challenges as they arise.

Overall, my consideration of the ADKAR forces readiness for change survey (Hiatt, 2006) combined with Lewin's (1951) force field analysis indicates that the nursing department faculty at XC are generally ready for meaningful change. This readiness is supported by a clear understanding of the need for change, a willingness among faculty to adapt, and a recognized requirement for ongoing support and training. By addressing the identified drivers and barriers within the ADKAR dimensions, XC can ensure a smooth transition and successful implementation of the proposed curricular changes, ultimately enhancing job readiness and satisfaction among its nursing graduates.

Leadership Ethics in Organizational Change

Integrating Avolio and Bass's (1991) FRLT with Kotter's (1995) eight-step model for change, I will adopt a transformational and coaching leadership style to work collaboratively with XC change participants. The primary objective is to embed equity and ethics into the strategy and execution of my change initiative. This approach focuses on addressing the PoP from an ethical and equity-centred perspective (Gentile, 2012). It involves a thorough analysis of various internal and external factors influencing decision-making, ethics, and equity. As the change agent, I am committed to continually adapting my strategies in response to the evolving dynamics of these elements (Bozak, 2003). This proactive approach aims to facilitate a meaningful transformation within XC's nursing programs. My efforts will centre on jointly fostering diversity, advocating for others, and promoting equity within a framework dedicated to breast and infant feeding, a strategy that not only addresses immediate concerns within this area but also could serve as a model for embracing and implementing change across other program areas. This broader applicability underscores the potential for this initiative to influence wider organizational culture and practices, promoting a holistic approach to diversity and equity across all levels of the institution.

When exploring breast and infant feeding education within a social justice framework, systemic inequity and power imbalances, though not directly addressed by the DiP, can be critically analyzed and reshaped for greater equity. Smith (2008) has highlighted the potential to navigate these issues within the context of healthcare. As a nurse and educator, my goal is to elevate the voices of those unequally represented or misrepresented, engaging deeply with power dynamics to enhance collective well-being. Larsson (2018) underscored the importance of culture and equity in breast and infant feeding education, noting that such education transcends knowledge sharing. Additionally, it taps into cultural and societal norms (Cook et al., 2021). Addressing the challenges faced by diverse groups, including LGBTQ+ individuals, Canadian immigrants, and Indigenous peoples, is crucial (Dennis et al., 2019; Dodgson &

Struthers, 2005; Farrow, 2015; XC, n.d.-b, n.d.-c), advocating for supportive environments for all nursing mothers and aiming to create a more equitable healthcare system.

Shapiro and Stefkovich (2016) provided a comprehensive framework for ethical decision-making in education, encompassing the ethics of justice, critique, care, and the profession. At XC, the ethical underpinnings of people's roles, from educators to administrators, are deeply influenced by these principles. This framework guides the approach to teaching and administration, ensuring that empathy, fairness, and a questioning spirit are integral to interactions and policies. The ethic of care emphasizes understanding and empathy, vital for creating a supportive environment that prioritizes student well-being. Justice involves the promotion of fairness and equity, essential for policy development that offers equal opportunities for all. The ethic of critique fosters a culture of innovation and continuous improvement, encouraging personnel to reflect on and enhance educational practices. Additionally, the ethic of the profession underscores the commitment to uphold the standards and values inherent to the educational field, guiding educators and administrators in maintaining a high level of professionalism and integrity. This ethic is crucial for ensuring that decisions and actions not only adhere to legal and professional standards but also strive for excellence in teaching and learning, reflecting a profound dedication to the educational vocation and its impact on society.

In my leadership approach, I blend transformational and coaching styles, drawing on the ethic of care to build trust and empower marginalized voices, aligning with Gentile's (2012) emphasis on effective listening as a catalyst for change. Cortis et al. (2022) highlighted the importance of embracing diverse perspectives to challenge established norms, ensuring that solutions and teaching methods are ethically sound and aligned with institutional goals for social justice and equity. This approach resonates with Bishop's (2013) guidance on ethical decision-making, especially regarding breastfeeding choices among marginalized communities, including Indigenous peoples in Canada, underscoring the need for nurturing relationships and responsive interaction in healthcare education.

This DiP emphasizes the critical role of ethical standards in administration, faculty, and student interactions, particularly in supporting infant and breastfeeding in nursing programs. Aligned with XC's policies and the EDI framework (XC, n.d.-a, n.d.-b, n.d.-d), it reflects a commitment to fostering a diverse and inclusive educational environment. Through teaching that respects cultural diversity and upholds ethical standards, faculty aim to prepare learners for engaging with a globally diverse society, prioritizing equity and care in all decisions. An ethic of critique is paramount in challenging norms and addressing disparities, especially in curriculum development (Kumar & Rewari, 2022; Shapiro & Stefkovich, 2016), to address inequities by highlighting fundamental morals and values.

Moreover, XC's dedication to Indigenization (XC, n.d.-c), aligns with the mandates of the Truth and Reconciliation Commission of Canada (2015), ensuring comprehensive education on Indigenous health issues and histories (Crown–Indigenous Relations and Northern Affairs Canada, 2024). My role involves integrating these ethical principles and health perspectives into XC's nursing curriculum, fostering an environment that respects and incorporates the cultural practices and viewpoints of Indigenous communities. This collaboration is crucial for addressing healthcare needs and equipping nursing students with essential cultural competencies, demonstrating XC's commitment to creating an inclusive, equitable, and ethically responsible educational community.

Solutions to Address the Problem of Practice

I now present three solutions to address the shortfall in infant and breastfeeding content within XC's nursing programs. They involve engaging with key stakeholders and considering outcomes beyond traditional metrics like enrolment and infant health improvements. To resolve the PoP, it is vital to adopt a holistic approach, acknowledging how individual perspectives shape problem-solving (Dweck, 2016). My transformational leadership role emphasizes collaboration (Trivedy, 2018) to underscore the importance of infant feeding education in nursing practice and its impact on healthcare. Each solution aims to enhance the curriculum and contribute to societal health. The following sections detail these

options, evaluating their impact and effectiveness in solving the identified challenge.

Solution 1: Integrated Curriculum Development

The first solution involves revising XC's nursing programs to integrate breast and infant feeding education into the general nursing curriculum, taking an interdisciplinary approach. This strategy aims to weave this critical subject across foundational courses, enhancing students' theoretical and practical skills in maternal–child health. Collaboration with field experts would be beneficial for academic rigour and alignment with best practices in infant and breastfeeding care (S. H. Campbell et al., 2022; Voogt et al., 2016). Including insights from public health professionals, lactation consultants, pediatric specialists, neonatal nurses, and midwives into the curriculum would add depth and practical perspectives (Blixt et al., 2023; Bozzette & Posner, 2013), enriching students' knowledge and skills (Mulcahy et al., 2022). This multidisciplinary approach requires significant resources for expert recruitment and curriculum development but would help to prepare competent healthcare professionals (Devido et al., 2020; Hulse, 2022; Liu & Hou, 2021; Zechariah et al., 2019).

Focusing on EDI, the revised curriculum would aim to fulfill the mandates of the Truth and Reconciliation Commission of Canada's (2015) Call to Action 24 by Indigenizing the curriculum. This involves incorporating the history and legacy of residential schools, Indigenous rights, and teachings into nursing education. Additionally, to address the diverse healthcare needs of all patients, the curriculum would expand to include cultural competencies that incorporate the perspectives and practices of LGBTQ+ parents. This approach would ensure that students are equipped for culturally competent care across various communities (McCalman et al., 2017; Whitman-Walker Institute & The National LGBT Cancer Network, 2018; Yu et al., 2023), balancing evidence-based practices with culturally sensitive care (Teixeira-Santos et al., 2022), and ensuring a humanized focus (Cara et al., 2021).

However, integrating the revised curriculum into XC's existing nursing program would present challenges. Aligning diverse perspectives, managing resources, and ensuring the curriculum's

adaptability to the evolving needs of diverse populations would necessitate ongoing updates and assessments (Kandiko Howson & Kingsbury, 2023; Kronlid & Baraldi, 2020; Pak et al., 2020; Porter, 2019; Zechariah et al., 2019). Coordinating development across various courses to keep the curriculum current would involve logistical complexities and substantial resource allocation for design, expert input, and teaching materials. Maintaining an up-to-date, inclusive curriculum would require continuous commitment from all stakeholders to effectively cater to diverse patient groups and perspectives.

Solution 2: Virtual Simulation-Based Learning

A second proposed solution to enhance infant and breastfeeding education in XC's nursing programs is the adoption of virtual simulation-based learning (VSBL). Traditionally underutilized in maternal–child health courses, VSBL would introduce an interactive and dynamic learning method. It would shift instruction from conventional theoretical education to a model that emphasizes interactive learning and self-directed knowledge acquisition. Through engaging with virtual simulations, students would apply theoretical knowledge in realistic scenarios, enhancing critical-thinking and decision-making skills (Kassutto et al., 2021). This learning approach would allow students to progress at their own pace, tailoring their learning experience to meet their individual needs and adapt to diverse patient demographics. It would effectively prepare them for the varied and unpredictable nature of healthcare settings (Coyne et al., 2021; Edgar et al., 2022). Continuous evaluation and adaptation of the VSBL program would be crucial to ensure it meets educational goals and responds to evolving healthcare trends.

The implementation of VSBL within XC's maternal–child curriculum would face significant challenges, particularly in cultural and ethical representation. The VSBL platform XC is currently using in other programs, an off-the-shelf solution from a vendor, demonstrates a notable lack of diversity. This limitation restricts its capacity to accurately present varied healthcare scenarios, thereby hampering the inclusion of culturally competent care. Such shortcomings, already observed in its use in other courses at

XC, highlight the need for a more inclusive approach to VSBL to ensure it meets the diverse needs of XC's students and the populations they will serve (McCalman et al., 2017; Whitman-Walker Institute & The National LGBT Cancer Network, 2018). Despite these challenges, VSBL marks a significant shift towards autonomous learning, equipping students for independent decision-making in healthcare. My proposed solution would be to implement VSBL starting on a smaller scale, particularly in specialty areas, to manage costs and facilitate gradual adaptation to this innovative learning method. This scalable approach would allow for flexibility in integration based on resource availability, with later expansion of VSBL into the nursing programs more fully.

Solution 3: Community Engagement and Experiential Learning

The third strategy for enhancing breast and infant feeding education combines community engagement and experiential learning (CEEL), aligning with constructivist approaches and utilizing Kolb's (2015) learning theory to integrate practical experiences of maternal–child health into nursing education. This method, documented for its effectiveness in higher education (Chen et al., 2022; Mukhalalati & Taylor, 2019), immerses students in diverse medical environments, offering hands-on experience that is crucial for their professional development. To implement this solution, XC would need to establish strong partnerships with healthcare organizations specializing in maternal–child health to provide all students with access to valuable, real-world learning experiences. This initiative would enhance the curriculum and ensure that students are well-prepared to meet the specific needs of the maternal–child sector. This approach would bridge theoretical knowledge with practical application, enhancing the students' learning experience and preparing them for ETP into various healthcare settings.

These partnerships would not only facilitate direct exposure to practical nursing skills but also foster deep connections between students and communities, potentially opening avenues to future employment opportunities. Recognizing the competitive nature of securing community-based placements, XC could employ strategic planning and broaden the spectrum of partner organizations to

ensure that there are enough opportunities available for every student. In addition to ensuring equitable access to these experiential learning opportunities, XC would need to overcome potential barriers, such as transportation and financial challenges. This proactive approach is in line with XC's commitment to eliminating similar obstacles across its other partnerships, ensuring all students can fully participate.

The success of the CEEL strategy would depend on robust partnership management, emphasizing inclusion, diversity, and Indigenization (Zeydani et al., 2021). This preparation would equip students to engage effectively in diverse healthcare environments, encountering a variety of infant and breastfeeding practices that would enhance their professional skills and empathy. Challenges such as balancing educational objectives with community privacy and confidentiality, resource constraints, and the need for adequate funding and staffing for sustainable community partnerships would need to be addressed proactively. XC's comprehensive approach would include training and orientation for students to ensure they possessed the academic, practical, and cultural competencies required for diverse community settings. Furthermore, establishing routine evaluation and feedback mechanisms for continuous program improvement would be part of the plan. By planning to overcome these challenges, XC would aim to develop competent, empathetic healthcare professionals who are well-prepared for the dynamic field of nursing education and practice.

Comparing Solutions

As an educational leader dedicated to enhancing infant and breastfeeding education in XC's nursing programs, I have developed three potential strategies to resolve the PoP, each with advantages and challenges. I thoroughly evaluated these strategies based on impact, alignment with XC's strategic goals, evidence base, cost, implementation ease, feasibility, internal and external support, EDI, and care ethics. Appendix E includes an analysis chart with comments comparing these strategies and decision criteria. Other important considerations included sustainability, technological needs, faculty training requirements, and accreditation compliance.

Exploring these strategies for nursing education at XC reveals comprehensive approaches to meet current and future challenges. The first strategy, integrated curriculum development, focuses on revising the curriculum to address gaps in breast and infant feeding education. It emphasizes collaboration with experts to ensure academic integrity and adherence to the latest practices. Although it would require substantial investment in development and expert involvement, it promises inclusivity and ethical soundness by incorporating EDI principles and diverse cultural practices. Its sustainability would rely on regular updates, demanding little new technology but significant faculty training and accreditation compliance.

The second strategy, VSBL, introduces an innovative, interactive learning model. It would bridge theoretical knowledge and practical application, enhancing critical-thinking and decision-making skills. Despite its promise, VSBL faces challenges in cultural and ethical representation and would entail a financial burden. Adopting VSBL would necessitate significant technological investment and faculty training for effective integration, with a focus on meeting clinical training accreditation standards. Addressing these challenges, however, is a vital consideration for modernizing nursing education.

Last, the CEEL strategy would merge theory with practice in diverse settings to bolster professional skills and empathy. It emphasizes diversity, inclusivity, and ethical engagement, relying on strong community partnerships and resource management. Although technologically less demanding, it would require development in partnership management and experiential learning methods, adhering to clinical practicum standards and ethical community interaction.

The Chosen Solution

I have selected the CEEL strategy as my chosen solution, as I believe it is the best method to advance infant and breastfeeding education within XC's nursing programs. This choice is rooted in my commitment to a constructivist educational philosophy, complemented by my transformational coaching leadership style. Simultaneously, it integrates the transactional leadership methods prevalent in

postsecondary institutions to ensure structured and efficient implementation. Synthesizing my transformational leadership style with the structured approach of transactional leadership establishes a synergistic foundation for this strategy. The transactional aspects will provide clear guidelines and accountability, and my transformational approach will infuse enthusiasm and encourage innovation among faculty and students. This balanced leadership mix promises not only systematic execution but also an inspired and engaging learning environment.

The essence of the CEEL strategy is its focus on real-world experiences. The placements within this strategy will typically last for the duration of the 14-week term at XC, providing students with an immersive experience. It will extend learning beyond the confines of the classroom, immersing nursing students in diverse cultural and healthcare environments. This immersion will broaden their understanding of maternal–child health practices and nurture critical qualities such as empathy and adaptability, which are key attributes for future healthcare professionals. Each placement will have clearly defined learning objectives, aligning with both technical skills in maternal–child health and development of soft skills such as empathy, communication, and cultural competency.

In terms of safety and compliance, rigorous measures will need to be put in place, including the assignment of clinical supervisors to accompany and guide students, similar to the supervision provided in other XC nursing courses. These supervisors will ensure that students adhere to healthcare regulations and professional standards during their placements. Students will join in preparatory training sessions to orient them effectively for their placements, covering not only the practical aspects of their work but also emphasizing the importance of maintaining professional conduct and patient confidentiality.

The CEEL approach is particularly appealing due to its cost-effectiveness, which constitutes an essential consideration in resource-limited settings. By establishing robust partnerships with local community organizations, the strategy will enhance students' educational experience while reinforcing XC nursing programs' ties with the community. This dual benefit aligns perfectly with the students'

immediate learning needs and the nursing programs' overarching goals. Additionally, XC will plan to assess the impact of student placements on community partners to ensure a mutually beneficial relationship. To thoroughly evaluate and refine the CEEL strategy's effectiveness and efficiency, a hypothetical pilot study scenario is proposed. This scenario serves as a theoretical mechanism for real-time progress tracking and monitoring, enabling change participants to envision how they might adapt and optimize this approach based on anticipated data. The projected outcomes and insights from this hypothetical scenario will be instrumental in illustrating how the strategy could be fine-tuned, highlighting XC's commitment to continuous improvement and evidence-based decision-making.

Managing community relationships and addressing ethical considerations will be paramount in implementing the CEEL strategy. The combined benefits of student engagement, practical experience, and community impact make this strategy a compelling and impactful choice. Moreover, students will be evaluated on their performance and learning outcomes through a combination of reflective journals, supervisor feedback, and competency assessments, ensuring a holistic assessment of their skills and growth. To ensure the solution's longevity and scalability, XC will focus on continuous improvement based on feedback and outcomes, exploring avenues for sustainable funding and partnership expansion. This approach will significantly enrich XC's nursing curriculum, equipping students with the skills, knowledge, and experience necessary to excel in the diverse and dynamic field of healthcare.

Chapter 2 Summary

In Chapter 2, I delved into the FRLT (Avolio & Bass, 1991), which aligns with the transactional nature of my organization while also incorporating my transformational leadership style. This process set the stage for exploring effective leadership strategies for instigating and implementing change. I focused on the ADKAR (Hiatt, 2006) and Kotter's (1995) eight-step model, applying them within the context of the FRLT leadership framework. A comprehensive literature review highlighted the significance of these strategies for XC's nursing programs, particularly emphasizing ethical considerations and EDI principles.

Out of three potential solutions for the PoP, I have chosen to implement a CEEL strategy informed by the organizational context, culture, and readiness for change, as well as the need to support students in understanding infant and breastfeeding information. In Chapter 3, I outline the plan for implementing, communicating, and monitoring this strategy. Furthermore, I demonstrate how integrating the FRLT with the ADKAR model and Kotter's theories can drive effective and inclusive change.

Chapter 3: Implementation, Communication, and Evaluation

Chapter 1 introduced XC, highlighting the central issue needing attention and my leadership role and effectiveness in addressing it. In Chapter 2, I assessed XC's readiness for change by examining driving factors and potential barriers. I employed a combination of transformational and coaching leadership within the frameworks of Hiatt's (2006) ADKAR model and Lewin's (1951) force field analysis to evaluate preparedness comprehensively. I proposed a solution focusing on CEEL to enhance infant and breastfeeding education in XC's nursing programs, grounded in constructivist educational theory and supported by my leadership approach. Chapter 3 underscores the urgent need for change and details the plan for its implementation. This includes communication strategies, monitoring, assessment methodologies, and management of the transition to the desired future state, considering stakeholder reactions. The chapter also highlights necessary support systems and resources for successful change implementation, concluding with future considerations.

Change Implementation Plan

This section assesses how the change plan integrates with XC's broader organizational strategy and structure. It also examines the potential impact of the plan on social and organizational stakeholders. Change initiatives often fail during the implementation phase due to inadequate leadership and poor change management strategies (Decker et al., 2012; Sony et al., 2024). Therefore, it is critical to align this plan with existing organizational change strategies and articulate this connection precisely. The change implementation plan delineates specific roles and responsibilities for change agents and organizational members to enable XC's transition from its current state to a new phase. This new phase will be characterized by a robust support framework anchored in a strategy emphasizing community engagement and hands-on learning in infant and breastfeeding education in XC's nursing programs. The objective is to establish a system that supports and enhances practical learning experiences.

Context of Change

XC combines hierarchical and transactional leadership to ensure adaptability and sustainability, with hierarchical structures facilitating efficient decision-making and transactional leadership fostering a culture of accountability and goal-oriented performance (R. Islam et al., 2019). The introduction of CEEL into the nursing curriculum calls for significant stakeholder engagement, a process that echoes Errida and Lotfi's (2021) insights on the importance of such support during transformative phases. Errida and Lotfi emphasized that during transformative changes, providing robust support systems is crucial for fostering adaptability and acceptance among stakeholders. Their research highlighted that clear communication, ongoing training, and accessible resources are essential to mitigate resistance and build confidence in new practices. Applying these insights ensures that the change process at XC can achieve a smoother transition and greater engagement from faculty and students. My leadership style, which merges transformational and coaching philosophies, seeks to cultivate robust relationships and promote active participation in the educational evolution, based on my understanding and interpretation of existing best practices (Eisenbach et al., 1999; Metz et al., 2022; Prantl et al., 2022). This approach aims to inspire the community by drawing on the proven efficacy of transformational leadership and coaching in fostering organizational well-being, adaptability, and personalized support (Bakhshandeh et al., 2023; Bass & Riggio, 2006; Eisenbach et al., 1999; M. N. Islam et al., 2020; Lewa et al., 2022). Facing potential challenges head-on, the strategy for this pedagogical shift will utilize Hiatt's (2006) ADKAR model to gauge readiness and manage change, promoting a collaborative effort with nursing faculty and administration.

In this DiP, I integrate Kotter's (1995) eight-step change model with Deming's (2018) PDSA framework in a detailed 52-week plan. Furthermore, I align each step of Kotter's model with the corresponding stage of the PDSA framework. This creates a strategic approach for effective change management, outlined in Appendix F and discussed below. The first three steps of Kotter's model—

establishing urgency, forming a coalition, and creating a vision—are paired with the plan phase of PDSA, laying the foundational groundwork for the change. This progression continues with Steps 4 and 5, where communicating the vision and empowering action, part of the do phase in PDSA, put the plan into motion. Generating short-term wins and consolidating gains, Steps 6 and 7, align with the study phase of PDSA, and anchoring new approaches aligns with the act phase. These steps focus on evaluating, refining, and solidifying the change efforts. This structured alignment of Kotter's model with Deming's PDSA stages will enable thorough execution and continuous improvement in the change process (Pollack & Pollack, 2015). Moreover, the integration aims to blend strategic planning with practical execution and insightful reflection, as Ahi (2018) has recommended, creating an evaluative and comprehensive method for managing change.

Key Actors

Rooted in the ethic of care (Shapiro & Stefkovich, 2016), the curriculum reform at XC will affect students, faculty, administrative staff, and healthcare industry partners, with benefits for each group. Students will foster professional and personal growth as they develop crucial infant and breastfeeding care skills. Faculty members will have the opportunity to enrich their teaching modules and enjoy a more rewarding teaching experience. The administrative team is likely to witness an uptick in enrolment, with related financial benefits for XC. This increase in enrolment can be attributed to the enhanced appeal of the nursing program due to the inclusion of CEEL, which provides comprehensive experiential learning opportunities that are highly valued in nursing education. Prospective students are more likely to choose a program that offers practical, hands-on experience, as it better prepares them for real-world nursing challenges (Benner et al., 2010; Clapper & Kardong-Edgren, 2020). Consequently, as enrolment rises, so do tuition revenues, leading to improved financial stability and the potential for further investment in academic resources and infrastructure. Finally, healthcare partners will benefit from nurses proficient in maternal and child health.

This initiative employs a tailored version of Kotter's (1995) eight-step model, as R. J. Campbell (2020) and Kang et al. (2022) have advocated, to integrate breastfeeding and infant care education seamlessly into the maternal–child health curriculum, ensuring it aligns with XC's organizational culture. My approach, combining transformational and coaching leadership styles, is designed to address any challenges, maintaining harmony with XC's dynamics. The initiative underscores the importance of clear goal setting and a transformational leadership approach, essential for maintaining engagement and fostering mutual respect among the faculty involved. This strategy is pivotal to driving the success of the comprehensive change process within XC, ensuring it meets the diverse needs and expectations of its community.

An overhaul of the maternal and child heath course's teaching strategy is required to address the PoP, which highlights the lack of infant and breastfeeding education within XC's nursing programs. To guide this transition, it is crucial to foster greater teamwork and cooperation (van der Voet & Steijn, 2021; Voogt et al., 2016). A strategic plan is also needed that includes curriculum updates, handles faculty and administration reactions, communicates effectively, and evaluates the change post-implementation (Deszca et al., 2020). I have assigned specific roles with defined duties for this transition, as shown in Table 1. The role of the change facilitator is vital in ensuring adherence to Kotter's (1995) eight-step change model. In advancing the change narrative and embedding the new approach within the organization, my role is multifaceted and pivotal. I simultaneously take on the roles of change visionary, change leader, and change process initiator, each contributing uniquely to the initiative's momentum at XC. Beyond these roles, my responsibilities extend to coordinating implementation efforts and supporting stakeholder transition. This comprehensive engagement is fundamental to the project's success, showcasing my involvement in a spectrum of key activities that will drive the change forward.

Table 1

Roles and Responsibilities Within the Change Process

Role	Role summary	Responsible person(s)
Change visionary	Developing and communicating a clear, inspirational vision for change.	As the DiP author and project lead, I will craft and communicate the vision for change, setting the strategic direction for the nursing program's transformation at XC.
Change leader	Leading the change initiative, aligning it with organizational goals, and driving execution.	In my dual role as the maternal and child faculty course lead and project lead, I will guide the overall change initiative, collaborating closely with nursing faculty and administrators.
Change process initiator	Recognizing the need for change and proposing initial steps.	My initial identification of the PoP places me at the forefront of initiating the change process. I will collaborate with XC's administrative leaders to do so.
Change implementation coordinator	Managing the execution of change while ensuring adherence to plans and coordination of resources.	The change will be sponsored by XC's nursing leadership, specifically the associate dean. I will work alongside the leaders to coordinate the practical aspects of implementing the change.
Change support coordinator	Providing support and guidance to stakeholders and facilitating a smooth transition.	Following Kotter's eight-step change model, my role involves creating urgency and forming a vision. The administration, particularly the associate dean, will focus on coalition building and integrating new practices.
Change evaluation and feedback analyst	Assessing change impact and gathering feedback for continuous improvement.	I will evaluate the change's impact and collect feedback for continuous improvement. The associate dean will play a key role in reporting progress and insights to the dean and vice president of academics.
Change adopters and beneficiaries	The group that adopts and benefits from the change, embracing new processes and improvements.	This group includes a wide range of individuals, including executive leadership, department heads, nursing faculty, community partners, and students, all engaged in adopting and benefiting from the change.

Note. DiP = dissertation-in-practice; PoP = problem of practice. Roles and role summaries are adapted from two sources. "Leading Change: Why Transformation Efforts Fail," by J. P. Kotter, 1995, *Harvard Business Review*, *73*(2), 59–67. Copyright 1995 by Harvard Business Publishing. *Accelerate: Building Strategic Agility for a Faster-Moving World*, by J. P. Kotter, 2014, pp. 75–108. Copyright 2014 by Harvard Business Review Press.

Short-, Medium-, and Long-Term Goals

To effectively manage the curricular change at XC, I have established short-, medium-, and long-term goals that align with Kotter's (1995) eight-step change model. The short-term goals aim to remove barriers, requiring stakeholder approval and assessing the benefits of the curriculum changes, thus laying a solid foundation for the change strategy. Medium-term goals focus on generating and celebrating quick wins, essential for maintaining stakeholder motivation and engagement through regular reviews of educational outcomes. For long-term sustainability, the goals are to fully integrate the new education components into the standard curriculum, eliminating the need for separate evaluations. The integration of FRLT (Avolio & Bass, 1991) and the PDSA cycle (Deming, 2018) with Kotter's (1995) model ensures a balanced approach, combining visionary leadership with a practical, iterative process. This strategic integration will be crucial for navigating through the phases of the change management plan.

The move from strategic planning to actionable steps, leveraging Kotter's (1995) model, is a critical transition from theory to practice, driven by the urgency to improve student competencies and meet evolving standards in maternal–child nursing education. My approach includes forming a guiding coalition, defining a vision, and planning for broad acceptance and implementation of changes. This includes planning for short-term wins, consolidating gains, and embedding new approaches into the culture, ensuring the reforms are sustainable and adaptable to future challenges in nursing education. This pilot project will initially include a reduced class of 30 maternal–child students and three acute care (hospital) and public health community partners to test the feasibility and impact of the new experiential learning components. This pilot will provide valuable insights for broader implementation, helping to address any challenges and optimize the approach before scaling up to a full class of 65 students.

Establishing Urgency

Chapter 1 highlighted an urgent need for change based on the significant gaps identified in XC's maternal and child health nursing curriculum, especially in infant and breastfeeding education. This

urgency, stemming from the current education model's shortcomings, is underscored by a detailed analysis already included in this report. The presentation of data within these pages vividly illustrates the deficiencies, particularly highlighted by students' performance on their ETP exams (CNO, 2022). The outcomes indicate a lack of preparedness in the identified key areas. In response, XC's nursing faculty has recognized the major gaps and conducted meetings to discuss potential improvements and substantially enhance the curriculum. This initiative, pivotal in establishing a sense of urgency, is essential for curriculum reform (Kelleher, 2015). In response to the pressing need revealed by gaps in students' performance on ETP exams, XC is integrating advanced infant and breastfeeding education. This urgent initiative aims to meet evolving healthcare standards and more effectively prepare students for professional roles in maternal and child nursing. By addressing these specific educational needs, XC seeks to improve the readiness of its graduates for the challenges of contemporary healthcare settings.

Part of establishing this urgency involves a detailed analysis and assessment of the current placement positions available for CEEL in collaboration with placement coordinators at XC. If the current placements are deemed insufficient, XC will actively seek new spaces by forming additional partnerships with local community health centres, hospitals, clinics, and nonprofit organizations dedicated to maternal and child health, such as breastfeeding clinics and community partners like La Leche League. This proactive approach ensures we secure adequate and diverse experiential learning environments for our students.

Forming a Coalition

A guiding coalition at XC will be strategically formed as a pivotal step in evolving the maternal and child health nursing curriculum, and it will follow a data-driven approach (S. Fraser et al., 2016). This step (Kotter, 1995) has already been endorsed by the associate dean, and it involved identifying and assembling a team of nursing faculty and administrative staff who bring diverse perspectives and expertise to the change effort. This coalition will be actively reforming the curriculum under my direction

as the change leader. Regular coalition meetings for strategic planning are central to this step, employing data collection to inform and adapt strategies (Aggerholm & Asmu, 2016; Redlbacher, 2020). This collaborative, data-driven approach strengthens the change process and fosters shared responsibility and commitment among team members. The involvement of these varied stakeholders, guided by supportive leadership, will be instrumental in creating a contemporary and comprehensive curriculum, effectively preparing students for the evolving challenges in maternal and child healthcare.

The guiding coalition will initially assess the suitability of current placement positions. Should these positions be found inadequate for the enhanced curriculum requirements, the coalition will identify and secure new experiential learning spaces. This effort will involve reaching out to potential new community partners, including local health centres, hospitals, and clinics, and formalizing agreements to ensure a variety of practical learning environments are available to students. A Professional Advisory Committee, with representatives from community health organizations, nursing faculty, and administrative staff, will be established to ensure the active involvement of these community partners in the planning process. Regular meetings will be held to discuss curriculum needs, potential experiential learning opportunities, and logistical arrangements. By integrating committee insights and resources from the beginning, the coalition can develop a collaborative and effective experiential learning strategy.

Creating a Vision

In developing the vision and strategy for enhancing the maternal and child health nursing curriculum at XC, I will lead an in-depth examination of effective educational practices embodying transformational leadership as the change visionary. This examination involves formulating a detailed vision for change (Kotter, 1995), emphasizes strategic planning in curriculum revision (Dhanapala, 2021), and stresses the importance of researching existing approaches or models (Jager et al., 2020). Presenting these findings to the faculty group will foster a collaborative dialogue, a vital component of

transformational leadership and coaching (Boies et al., 2015; Zainab et al., 2022). This process will culminate in the adoption of the CEEL strategy, shaped through collective input and my guidance. The approach integrates elements of transformational leadership that align with XC's strategic vision: inspirational motivation, idealized influence, individualized consideration (Wilkinson, 2021), and learning with immersive, real-life experiences for students. Moreover, this vision and strategy, rooted in comprehensive research and collaborative decision-making, aim to equip students with essential skills for maternal and child healthcare environments.

Experiential learning is a core component of the revised curriculum vision. Students will engage with their experiential learning experiences through a structured framework that includes preplacement preparation, active participation, and postexperience reflection. This placement will be adjunct to their theory course, requiring attendance in both the theory class and the student placement each week. Students will spend 8 hours per week in the clinical area throughout their 14-week term, totaling 112 hours of experiential clinical learning.

Before their placements, students must complete patient research on the unique needs of their clients. During the placements, students will work under the supervision of clinical supervisors, engaging in direct patient care, community health initiatives, and educational outreach programs. Each week, after completing their placements, students will participate in reflective sessions with peers and faculty mentors to discuss their experiences and lessons learned. This comprehensive approach ensures that students not only gain practical skills but also develop critical-thinking and reflective practice capabilities.

The experiential learning component will be integrated into various phases of the nursing program; however, it will not yet be included within XC's maternal-child health course design. Designed to complement breast and infant feeding theoretical instruction with hands-on practice, these structured placements in community health centres, hospitals, and clinics will be essential to the curriculum. Preplacement preparation will include workshops and training sessions, and postexperience reflection

sessions will help students consolidate their learning and integrate their experiences into their professional practice.

Communicating the Vision

Communicating the new curriculum vision at XC, guided by Kotter's (1995) change model (Wentworth et al., 2018), is essential in my transformational leadership strategy, ensuring effective adaptation by faculty and students (Boies et al., 2015). This approach emphasizes manageable changes, timely evaluation, and maintaining stakeholder trust (Ehren, 2021; Fadzil et al., 2019). The communication plan will identify curriculum gaps, examine evidence-based strategies from similar institutions, and highlight benefits for all stakeholders, grounding each aspect in nursing education research to make a compelling case for change.

In crafting this vision, I will collaborate with faculty and the associate dean to create a detailed plan, critical in XC's traditional transactional leadership setting (Morais & Randsley de Moura, 2018). Utilizing a balanced approach that merges transactional and transformational methods (Deichmann & Stam, 2015), my goal is to seamlessly introduce innovative practices within the existing organizational culture. This strategy will encourage faculty teamwork and participation, fostering a collaborative and innovative environment (Hsieh & Liou, 2018; van der Voet & Steijn, 2021), underpinned by a commitment to inclusive and transparent communication (Yue et al., 2019), reflecting the core qualities of transformational and coaching leadership.

Empowering Action

As XC's nursing program evolves, effectively managing the varied responses from faculty and administrators is crucial (Borges & Quintas, 2020; Iorgulescu, 2017). In spearheading the curriculum changes, my aim is to dismantle barriers and catalyze effective action, adhering to Kotter's (1995) model for successful change management. This includes preemptively tackling any challenges to foster an adaptable and dynamic learning environment (Casey, 2021; Hiatt & Creasey, 2012). By empowering the

nursing leadership and faculty, and ensuring clear, transparent communication, I intend to mitigate concerns or resistance. Early adopters among the faculty, who are receptive to innovation, will serve as pivotal champions for these changes, and their influence can be leveraged to nurture a supportive environment for the reforms.

To this end, setting clear performance metrics is essential, encompassing both financial outcomes and invaluable nonmonetary gains such as improved student understanding, better ETP results, and enhanced satisfaction from community partners regarding infant and breastfeeding knowledge. Frequent updates on these diverse indicators will help sustain leadership support and facilitate ongoing evaluation of the project's progress (Kerzner, 2013; Madsen, 2021). Recognizing that adaptation to change varies among individuals (Beasley et al., 2020; Parent et al., 2012), I plan to employ a variety of engagement strategies, including workshops, personalized discussions, and anonymous feedback channels, aiming to ensure everyone's voice is heard and to foster a culture of inclusion and collaboration (M. Brown & Cregan, 2008; Weiner, 2009). My leadership philosophy centres on fostering an environment conducive to growth and open communication, critical for navigating the change process successfully. Thus, empowering action involves providing clear guidance on acquiring new experiential learning spaces or optimizing current placements. Engaging faculty and community partners in the planning process ensures their involvement and support in integrating these learning opportunities into the curriculum.

Generating Short-Term Wins

Creating quantifiable short-term wins is vital for the momentum of change initiatives and curricular reform (Farris et al., 2009; Kang et al., 2022; Schloeder, 1999). As a transformational leader, I will guide educators in measuring enhancements in breast and infant feeding knowledge among students, such as through the analysis of maternal and child health indicators in ETP exams. Collaborating with clinical supervisors who provide valuable insights into students' practical readiness

can also lead to the development of a tailored assessment tool.

My approach to monitoring short-term wins is as follows: (a) conducting an initial assessment with a control group post-trial and a second one after full implementation, focusing on course alignment with breast and infant feeding education; (b) performing a faculty survey with a Likert scale to measure satisfaction and perceptions of the new course; (c) administering a student survey on breast and infant feeding effectiveness and application; and (d) surveying community partners and healthcare stakeholders on readiness for students' breast and infant feeding skills. These actions align with Step 6 of Kotter's (1995) model, and they provide opportunities to recognize and celebrate achievements and refine strategies under a coaching leadership model. This continuous feedback and improvement process is essential in transformational leadership (Khattak et al., 2020; B. Wang et al., 2016), ensuring the success of the educational change initiative. To generate short-term wins, XC can start by securing a few new experiential learning placements and demonstrating their impact. Measuring and showcasing improved student engagement and competency in infant and breastfeeding care will build momentum and support for further expansion.

Consolidating Gains

To steer the curriculum changes for the upcoming semester, I will apply Kirkpatrick's (1996) four-level framework for a comprehensive assessment of educational programs, covering reaction, learning, behaviour, and results to evaluate the integration of breast and infant feeding education within the curriculum (Paull et al., 2016; Reio et al., 2017). This approach, assessing everything from student feedback to the effectiveness of teaching on learning outcomes (Alsalamah & Callinan, 2021), aligns with Kotter's (1995) eight-step change model, encouraging adaptive learning and transformative experiences. Proven effective in various educational reforms (Appelbaum et al., 2012; Kang et al., 2022), its success will be monitored via key performance indicators to determine the need for adjustments and validate XC's change efforts. Following successful implementation, I plan to showcase the progress to senior

leadership, including the vice president of academics, dean, and associate dean, paving the way for further enhancements in student engagement, conference participation, research, and industry placements. This aligns with a transformational coaching leadership style (Bakhshandeh, 2023; S. Park et al., 2021), crucial for advancing XC's strategic objectives and mission-driven goals, demonstrating the importance of an integrated and evidence-based approach to educational change.

Consolidating gains involves continuously evaluating the effectiveness of new experiential learning placements that focus on breast and infant feeding and making necessary adjustments. For example, after implementing a placement program at a local breastfeeding clinic, the evaluation process could include collecting detailed feedback from students about their learning experiences, challenges faced, and skills acquired. Faculty mentors could also provide their insights on student progress and the relevance of the hands-on activities to the theoretical coursework. Additionally, input from community partners, such as lactation consultants and clinic staff, would be crucial in assessing the practical benefits of the program and identifying areas for improvement.

Regular surveys, focus groups, and reflection sessions can be organized to systematically gather this feedback. The data collected will be analyzed to identify trends, strengths, and weaknesses in the experiential learning placements. This ongoing evaluation process will enable the program to adapt and evolve, ensuring that it remains aligned with the educational objectives and meets the needs of all stakeholders. By incorporating these continuous improvements, the program will maintain sustained support and achieve long-term success.

Anchoring New Approaches

Anchoring new approaches within XC's nursing department signifies the culmination of Kotter's (1995) eighth step, ensuring the sustainability of the pedagogical enhancements within XC's maternal and child health course curriculum. This step involves solidifying the advances in breast and infant feeding education as core components of the curriculum. To achieve this, the initiative will be embedded

into the department's culture, curriculum documentation, and ongoing faculty development. Success stories and improved student outcomes, such as enhanced ETP exam scores and positive feedback from healthcare partners, will be systematically communicated across the institution, reinforcing the value of these changes. By integrating the new educational components into XC's operational norms and celebrating these achievements, the nursing department not only secures these improvements but also sets a precedent for embracing continuous evolution in response to healthcare education's dynamic challenges.

Anchoring new approaches requires XC's placement coordinators, administrative staff, and professors to formalize partnerships with community organizations to ensure sustainable access to experiential learning spaces. For instance, establishing a partnership with a local breastfeeding clinic, such as the La Leche League, could provide students with hands-on experience in supporting new mothers. This collaboration would involve creating a structured placement program where students worked under the guidance of experienced lactation consultants. Embedding these types of experiences into the curriculum and faculty training will establish a lasting framework for practical education in infant and breastfeeding care. Additionally, regular feedback sessions with community partners will help refine the program, ensuring it meets the evolving needs of both students and the community.

Potential Implementation Issues

In addressing the challenges of integrating infant and breastfeeding education into XC's curriculum, identified in the initial chapters, collaborating with faculty and leadership is pivotal. By employing Kotter's (1995) eight-step plan, I aim to proactively address and mitigate potential obstacles to pedagogical change, emphasizing the importance of evaluating pedagogical effectiveness and soliciting feedback to facilitate implementation. An anticipated challenge is the potential impact of role changes within the leadership or faculty on established relationships, which are crucial for the initiative's success. In response, I plan to actively engage with new executive members to ensure smooth

transitions. The delayed visibility of the program's benefits might also pose a risk to sustained support. To address this risk, I intend to maintain open, frequent communication, providing updates on progress and outcomes to navigate challenges effectively and keep the initiative moving forward. Additionally, outlining a comprehensive communication plan to articulate the change's necessity, vision, and rationale is essential. This will ensure stakeholders are well informed and aligned with the objectives, fostering the consensus and support necessary for the educational transformation's success.

Plan to Communicate the Need for Change and the Change Process

This section aims to deepen the understanding of the need for change. This process involves customizing the approach to issues for various audiences, anticipating their questions, and preparing suitable responses. A vital element of this effort is the knowledge mobilization plan (KMP), which outlines how to disseminate information within XC and identifies the relevant audiences. Additionally, I discuss the importance of communicating progress by acknowledging milestones and celebrating successes concerning the KMP. The first critical step in this endeavour is communicating the need for change and building awareness to address the problem effectively.

Building Awareness

The strategy aims to bolster XC's nursing program, particularly in infant and breastfeeding education, to enhance student learning and career readiness in maternal and child health. Crucial to this plan's success is securing approval from XC's nursing faculty, necessitating transparent and compelling communication. Research underscores the importance of involving faculty in meaningful changes to boost their participation (Pietrzak & Paliszkiewicz, 2015). The plan addresses educational gaps, offering students improved job prospects and educators a chance to elevate the program's quality. It employs transformational and coaching leadership to actively involve faculty, highlighting the plan's focus on refining student skills in infant and breastfeeding education.

The communication strategy is designed to be inclusive, targeting various groups within XC, and

begins with engaging the dean and associate dean, promoting organization-wide involvement (Hallahan et al., 2007; Haumer et al., 2021). Through face-to-face discussions and regular updates via email and the intranet (E. Russell et al., 2023), the strategy aims to address concerns and accentuate the benefits of the change (Deszca et al., 2020). This collaborative approach, crafted with the associate dean, seeks to foster a culture of continuous improvement and inclusivity. By maintaining open communication and soliciting feedback (Yue et al., 2019), the plan emphasizes the significance of change (Hiatt & Creasey, 2012), ensuring the successful integration of these enhancements into XC's nursing program, with a focus on clear communication and stakeholder awareness (Bel et al., 2018; de Vries et al., 2010). This comprehensive approach aims to navigate the institution through this transformative phase effectively.

Communicating the Path of Change

The communication strategy for XC's nursing program reform emphasizes clear explanations of the change's rationale and objectives (Haumer et al., 2021; Yue et al., 2019). It begins by informing faculty and stakeholders about the goals, motivations, and anticipated benefits of the changes through one-on-one discussions with nursing leadership, comprehensive presentations, and detailed emails to ensure department-wide comprehension. The associate dean will reinforce these points in faculty meetings. Acknowledging the critical role of nursing faculty in the success of this curriculum reform (Ehinmilorin, 2021; Gilley et al. 2009), the strategy aims for consistent, enthusiastic communication to foster collaboration. This involves a mix of informal and formal communication methods, including face-to-face meetings, emails, and faculty meetings, ensuring engagement and leveraging faculty expertise for integrating the changes. Additionally, the plan involves updating external partners, such as healthcare agencies involved in student training and employment, about the progress and objectives of the changes. Table 2 illustrates the communication plan's structured steps, from creating urgency to integrating new practices into the organizational culture. It details the roles of communicators, content, audience, and communication media, offering a clear roadmap for implementing XC's strategy.

Table 2

Overview of the Communication Plan

Steps	Communicator	Information	Intended audience	Information media
Step 1: Establishing urgency	Change visionary (project lead)	Initial analysis and evidence of need for change, vision for transformation, and expected benefits	Nursing faculty, administrators, associate dean	Formal digital communication, face-to-face meetings
Step 2: Forming a coalition	Change leader (course lead)	Formation and roles of the coalition, strategy details	Nursing faculty, associate dean, administrative leaders	Document via work email, discussions, face-to-face meetings
Step 3: Creating a vision	Change visionary (project lead)	Vision for the change and strategic plan	Nursing faculty, administrators, associate dean	Document via email, face-to-face meetings
Step 4: Communicating the vision	Change leader (course lead)	Refined change vision and strategy including goals and objectives	Nursing faculty, associate dean, faculty group, departmental staff	Presentation by the project lead, email updates, face-to-face meetings
Step 5: Empowering action	Change implementation coordinator (associate dean)	Progress updates, obstacles, and solutions	Dean, vice president academics	Email, scheduled face-to-face meetings
Step 6: Generating short-term wins	Change leader (course lead)	Milestones achieved, quantifiable progress	Nursing faculty, associate dean, department staff	Email updates, highlighting successes, face-to-face meetings
Step 7: Consolidating gains	Change support coordinator (administration)	Overall progress, plans for further changes	Dean, faculty, associate dean, department staff	Comprehensive report and presentation
Step 8: Anchoring new approaches	Change evaluation and feedback analyst (project lead)	Final report on change impact, recommendations for integration	Dean, associate dean nursing faculty, department staff	Formal presentation, comprehensive report

Note. Steps adapted from "Leading Change: Why Transformation Efforts Fail," by J. P. Kotter, 1995, *Harvard Business Review*, *73*(2), 59–67. Copyright 1995 by Harvard Business Publishing. Other table material adapted from "Bringing Project and Change Management Roles Into Sync," by K. Pádár et al., 2017, *Journal of Organizational Change Management*, *30*(5), pp. 802–803, 811–813. Copyright 2017 by Emerald Insight.

The strategy's final aspect is ensuring that change is embedded within the organization in the long term (Buchanan et al., 2005; van der Voet, 2014), which goes beyond the initial implementation phase (Kotter, 2012). This process will involve ongoing internal discussions, email updates, and regular meetings. Social media channels could also help to broaden the message's reach. The success of this communication plan relies heavily on the active involvement and commitment of both the dean and associate dean in maintaining open, two-way communication throughout the change process (de Vries et al., 2010; Gilley et al., 2009; Smith, 2008).

This communication approach is a key component of change implementation, aligning with Deszca et al.'s (2020) methodologies. These frameworks highlight the significance of focused and strategic communication at each stage of the process to ensure clarity, strong engagement, and lasting effectiveness of the changes (Aggerholm & Asmu, 2016; Hallahan et al., 2007). To efficiently address these upcoming changes, I must take a balanced approach, which involves providing essential information while also addressing concerns (Falkheimer & Heide, 2018), including EDI and social justice.

Ensuring EDI and Social Justice

In my development of the communication plan for XC, I will integrate transformational and coaching leadership styles with a strong focus on inclusivity, ensuring voices from historically underrepresented groups are acknowledged and valued (Wolfgruber et al., 2022). This approach is strategic for transformational leadership, aimed at inspiring and uniting the community towards a shared vision. I will employ storytelling and narrative techniques to connect and engage all stakeholders deeply, emphasizing the need for inclusivity in fostering a collaborative environment (Denning, 2011; Trittin & Schoeneborn, 2017). In my role as a transformational leader, I strive to be an exemplar of diversity and inclusive decision-making. My coaching leadership style complements this approach by focusing on individual development and promoting an empowering environment where every member feels valued and encouraged to contribute. Actively engaging diverse faculty and incorporating student and graduate

feedback are crucial for refining strategies and ensuring that the curriculum and leadership practices effectively meet everyone's needs (Moss, 2019).

My leadership strategy is thus centered on transformation and coaching, leading by example to inspire change and support the community's growth within an inclusive, equitable, and ethical culture. Following the guidance of authors like Johnston (2014) and Spencer et al. (2021), I emphasize community stakeholder engagement, prioritizing their contributions and integrating their perspectives through tailored two-way communication methods (Hiatt & Creasey, 2012). Selecting the most effective media for different groups (Beatty, 2016) and establishing platforms for open dialogue (Kouzes & Posner, 2017) are key to this strategy. This inclusive approach not only adheres to the DiP's foundational principles of equity, ethics, and social justice, but also embeds transformational tenets to ensure accountability to XC's leadership philosophy (Bass & Riggio, 2006; Eisenbach et al., 1999). By organizing faculty meetings around these principles, promoting active participation (van der Voet & Steijn, 2021), and inviting feedback to build trust (B. Wang et al., 2016), I aim to reinforce XC's commitment to unparalleled education through practical, industry-focused, and experiential learning methodologies (XC, 2021), fostering a collaborative and transformative change culture.

Framing Issues and Mitigating Concerns

Communicating with students, my goal is to underscore the importance of infant and breastfeeding skills in today's workforce, highlighting how XC's program uniquely equips them with these skills, thereby providing a competitive edge. Recognizing students' critical evaluation of their academic paths and their considerations for transferring for greater value (Gourlay & Stevenson, 2017; Kallio, 1995; Kusumawati et al., 2019; Mwantimwa, 2021), I aim to showcase the distinctive benefits of our program to affirm XC as their top choice for educational and professional advancement. Anticipating questions about program changes, especially from those aware of alumni experiences (Galan et al., 2015; Le et al., 2019; Shah et al., 2020; Wut et al., 2022), I plan to address concerns about the

complexity and time demands of enhanced experiential learning (Dewar & Walker, 1999; Fenwick, 2007; Moktan, 2022) through direct communication, leveraging face-to-face meetings, emails, and interactive feedback sessions for a seamless transition.

To engage the nursing faculty, I plan to highlight the curriculum enhancements' role in advancing XC's program and broadening graduates' skills. Emphasizing the importance of adopting universal design for learning principles for greater instructional flexibility (Fornauf & Erickson, 2020; McGarry et al., 2015), I also recognize the need for some standardization to ensure consistent quality across the curriculum. By establishing a curriculum review committee (Skerrett, 2010), I aim to facilitate a productive dialogue on effectively incorporating new content and addressing the need for additional resources or training, balancing innovation with uniform excellence.

In discussions with the vice president of academics, dean, associate dean, and XC's administrative leaders, I will focus on how the improved maternal and child courses will boost XC's profile and student enrolment, aligning with leadership's expectations for evidence of progress. I plan to provide updates through monitoring and evaluation (M&E), addressing concerns about the long-term viability of these changes and their impact on faculty workload, ETP scores, and student retention rates (Aggerholm & Asmu, 2016; Gilley et al., 2009). Successfully navigating these organizational considerations is key to garnering support from administrative leaders, ensuring a balance between immediate progress and sustained institutional health.

Knowledge Mobilization

After discussing the communication plan, I will present a KMP designed to support informed decision-making within XC. This strategy ensures stakeholders are provided with the necessary insights to effectively engage with and adapt to the upcoming changes, laying the groundwork for successful implementation. This communication plan, essential for the change implementation, adheres to Lavis et al.'s (2003) framework, structured around five key steps. First, it involves identifying key messages by

understanding knowledge transfer barriers and facilitators. Second, the plan targets a diverse audience from XC's senior leadership to students and community partners. Third, it selects appropriate messengers, starting with myself as the change initiator, extending to the associate dean and other organization members. Fourth, the strategy involves choosing the suitable communication infrastructure, from personal communication for smaller groups to broader channels like email or the employee intranet, tailored to audience reception. Last, it emphasizes gathering feedback to assess the communication's effectiveness and efficiency (Deszca et al., 2020; Prosci, 2021), using anonymized channels (Podsakoff et al., 2003; Vogel, 2018) to ensure continuous improvement and goal alignment (T. Wang et al., 2022).

The KMP, detailed in Appendix G as an infographic, highlights the necessity of adaptive, transparent communication across different stages and audiences of the change process. This approach fosters an interactive, engagement-centric method, aligning with Lavis et al.'s (2003) recommendations for dynamic knowledge mobilization. Additionally, the plan specifies M&E mechanisms to ensure the effective conveyance of key messages (de Vries et al., 2010), critical for a successful transformation at XC.

Adapting my knowledge mobilization strategy for XC, I have tailored Lavis et al.'s (2003) inquiries to fit the organizational context and Kotter's (1995) eight-step change model, focusing on (a) identifying essential messages for sharing, (b) selecting the best individuals to communicate these messages, (c) directing messages to specific audiences, (d) choosing effective dissemination methods, and (e) establishing criteria for evaluating dissemination success. These refined factors are designed to align with each stage of Kotter's model, particularly emphasizing knowledge dissemination during Step 2, forming a coalition. This step is pivotal for securing leadership support and commitment, and conveying the insights gained from this DiP. I detail the success evaluation of the communication strategy, a key aspect in line with Kotter's framework, in the M&E section of this chapter.

My strategy to advance XC's nursing program involves a KMP informed by Kotter's (2012) change

management framework and detailed in Appendix G. This plan aims to streamline communication and effectively disseminate key information, engaging leadership, faculty, and community partners to foster a conducive environment for change, as emphasized by Voogt et al. (2016). The success of the KMP relies on structured communication that supports transformational and coaching leadership styles (Yue et al., 2019), essential for building a strong guiding coalition for change (Aggerholm & Asmu, 2016; Smith, 2008) and promoting an inclusive culture of feedback and open dialogue (Bel et al., 2018; Yue et al., 2019). Initiating this strategy, I will articulate the need for change to key figures, including the dean and associate dean, by emphasizing urgency through scholarly literature and comparing ETP exam scores to highlight the current baseline, setting the stage for presenting the vision for change.

Aligned with Kotter's (1995) model, this vision focuses on enhancing student success through transformational leadership practices that encourage collaborative learning and open communication. To keep the strategy responsive and effective, I will systematically gather and analyze feedback, allowing for continuous refinement of the approach. This ensures the strategy not only communicates the necessary rationale and objectives behind the initiatives but also actively engages all stakeholders, making the journey toward improvement a collective effort. This integrated approach is designed to facilitate the necessary pedagogical advancements and to involve all stakeholders in a collaborative journey towards achieving a successful transformation in XC's nursing program.

Change Process Monitoring and Evaluation

Implementing the pedagogical change over one academic year will span three academic terms over 12 months. Given that the course runs three times per calendar year, there will be three opportunities to evaluate the change's effectiveness. Using a mixed-methods strategy for data collection, both qualitative and quantitative analyses will provide a comprehensive view of the program's impact (Markiewicz & Patrick, 2016), positioning the year as part of a larger change initiative. Quantitative data will track the plan's progress and qualitative insights will delve into the nuances of successes, offering

deeper insights than either method could alone (Creswell & Creswell, 2023).

The plan's effectiveness will be evaluated using a robust monitoring and evaluation framework with clear objectives. This framework includes continual data collection from both quantitative and qualitative sources, refining and enhancing the educational approach to ensure alignment with desired outcomes. A three-term pilot of XC's revised maternal–child nursing course will test and adapt the approach, providing valuable insights for further refinement. Piloting allows for the identification of potential challenges and opportunities in a controlled environment, minimizing risks before full-scale implementation (Medeiros, 2021; Pennell, 2020).

Piloting this initiative is multifaceted and essential. First, it provides a practical testing ground for the proposed educational enhancements within XC's maternal–child nursing course. Implementing the pilot over three terms allows stakeholders to gather critical data on the feasibility, effectiveness, and impact of the new curriculum before a full-scale rollout the following year. This controlled environment helps proactively identify and mitigate potential challenges and risks before the start of each subsequent term in the pilot. Moreover, the pilot fosters a culture of continual improvement, aligning with Deming's (2018) PDSA cycle, by enabling iterative refinements based on quantitative and qualitative feedback. Engaging stakeholders in this process also promotes buy-in and increases the likelihood of successful implementation and acceptance of the new approach.

Ultimately, insights from the pilot will guide the strategic scaling of curriculum changes, ensuring alignment with program objectives and responsiveness to the needs of students and faculty. This structured and phased approach exemplifies a commitment to evidence-based practice, reflective learning, and sustainable educational innovation. The pilot will also facilitate iterative refinements in response to any shortcomings, enabling continuous improvement amid challenges (Pietrzak & Paliszkiewicz, 2015). Key stakeholders in XC's nursing department will reflect on past developments to improve current practices and direct future actions.

It is my intention to use selected elements of Deming's (2018) PDSA cycle and Kotter's (1995) eight-step model in its entirety during the monitoring and evaluation process to track the progress of any changes. Specifically, Kotter's Steps 5, 6, and 7 will occur each term to allow for continual improvement and adaptation, whereas Kotter's Steps 1–4 and 8 will be addressed at the beginning and end of the 12-month period. The decision to use only selected elements of the PDSA cycle, as detailed in Appendix H, stems from the need for flexibility and iterative learning within each academic term. By focusing on key phases of the PDSA cycle—particularly the do and study phases during Steps 5, 6, and 7—The coalition can conduct ongoing evaluations and make necessary adjustments without waiting for a full cycle to complete. This approach allows for real-time feedback and continual improvement, which are crucial in a dynamic educational environment where immediate responses to challenges and opportunities can significantly enhance the effectiveness of the change implementation.

Integrating these selected elements of the PDSA cycle (Deming, 2018) with Kotter's (1995) comprehensive framework provides a balanced methodology. The PDSA cycle's iterative testing and refinement process complements Kotter's full change management steps, ensuring that changes are not only implemented but also continually optimized based on real-time data and stakeholder feedback. This strategic use of the PDSA cycle supports a responsive and adaptive change process, aligning with principles of equity, empowerment, and social justice to achieve the set objectives.

Monitoring Change and Tracking Progress

Ongoing monitoring that integrates systematic and continual data collection and analysis is crucial to achieving desired outcomes (Markiewicz & Patrick, 2016; Neuman et al., 2018). Data collection will incorporate meetings, reporting, and surveys, which suits the diverse expertise of XC's nursing faculty, enriching the process and aligning with XC's dedication to educational excellence (Hiatt, 2006). Critical metrics such as faculty and student engagement and the effectiveness of curriculum changes will be monitored, leveraging the faculty's unique evaluative skills to generate a comprehensive assessment.

No method is without flaws, and potential errors or unexpected outcomes are inherent in any change process (Gault, 2020). To tackle these challenges, transformational and coaching leadership styles will be employed (Plummer et al., 2022). By motivating the faculty with a compelling vision and providing personalized support to develop their skills, this dual leadership approach is tailored to the faculty's needs, promoting innovative problem-solving and continuous improvement. This strategy encourages complex analytical thinking (Fisher-Yoshida & Camilo Lopez, 2020) and is essential for the success of the monitoring strategy, ensuring the effectiveness of the overall change initiative.

Plan, Do, Study, Act

The PDSA model (Deming, 2018) will be pivotal for monitoring progress and assessing the effectiveness of the change implementation plan. This approach will track essential elements, including the execution of change activities, engagement levels of organizational members and participants, and achievement of targeted outcomes (Christoff, 2018). Integrating the PDSA cycle with Kotter's (1995) eight-step model offers a strategic method for identifying the right moments to progress through these steps and enhancing my ability, as a change leader, to effectively engage XC's leadership team and the broader organization (Donnelly & Kirk, 2015).

The PDSA cycle (Deming, 2018) will be applied iteratively each term the course is offered, strategically informing the transition from one term to the next. By embedding a PDSA cycle each term, continual evaluation and adaptation are ensured. This iterative application helps refine strategies based on real-time feedback and data, making the change process more responsive and effective within the 12-month timeframe and over the three terms. The plan involves establishing specific metrics for each stage, monitoring the achievement of these goals, and adapting strategies based on these insights (Leis & Shojania, 2017). This method underscores the importance of transformational and coaching leadership styles, aligning with the DiP's leadership approach. Employing the PDSA cycle ensures a structured, adaptive approach to realizing change objectives.

Monitoring Plan

The monitoring plan will build on the first four knowledge mobilization principles in Lavis et al.'s (2003) framework: identifying messages, selecting individuals to communicate those messages, directing messages to specific audiences, and choosing effective dissemination methods. Now, I turn to the fifth factor, establishing criteria for evaluating dissemination success, and the critical inquiry: "What are the expected outcomes against which the success of knowledge mobilization can be measured and evaluated?"

To address this question, detailed in Appendix H and summarized below, I will leverage specific goals within Kotter's (1995) change management framework and adopt the continuous quality improvement perspective of the PDSA cycle (Deming, 2018). The process will begin by emphasizing the urgent need for change among nursing program leaders and faculty, aiming to inspire widespread engagement. This critical first step, anchored in the plan phase of the PDSA cycle (Deming, 2018), will use engagement metrics and surveys to assess the community's responsiveness to calls for action.

A leadership coalition, including the dean and associate dean, will be established to guide this initiative (Kotter, 1995). My involvement will ensure alignment with my goals, using tools like attendance tracking to maintain collective focus and unity. The next step involves clearly communicating the change vision to all faculty members, engaging in discussions about new educational strategies, overcoming potential barriers, and celebrating initial successes to foster motivation. Applying monitoring tools at this step is crucial, not only for progress tracking but also for building a collective vision of our destination and milestones.

At the heart of this approach is a collaborative effort with the faculty team to analyze monitoring data, promoting a culture of shared knowledge and innovation (Porter, 2019). This method, reflecting best practices in nursing (Bulman & Schutz, 2013), facilitates dialogue and informed decision-making, aligning with Voogt et al. (2016) and capturing the essence of critical engagement and analysis as

Markiewicz and Patrick (2016) have advocated. This effort will culminate in integrating these new practices within XC's nursing department, celebrating collective achievements, assimilating feedback, and continuously refining our approach to ensure these changes are deeply embedded and broadly embraced.

As part of the comprehensive monitoring plan to ensure the success of the CEEL approach in infant and breastfeeding care at XC, I have established specific goals as benchmarks for evaluating the results of knowledge mobilization and the ongoing impact of pedagogical changes on students and faculty. This approach is designed to gauge immediate outcomes and guide the continual refinement of the curriculum, aligning with best practices in nursing education and change management. The plan begins with a reflective analysis of data collected after each PDSA cycle, consistent with the principles of PDSA (Deming, 2018). PDSA will be used in collaboration with the administration and faculty team to evaluate the effectiveness of the CEEL approach. The quantitative metrics will be clear and specific, ensuring a straightforward monitoring plan. Complementing these metrics, the strategy also involves gathering qualitative insights, providing depth and aiding in interpreting and analyzing the initial pilot. Inspired by Markiewicz and Patrick's (2016) methodologies, the monitoring plan reflects their principles, ensuring a systematic and reflective approach to monitoring these new curriculum changes (see Appendix H).

Evaluation Plan

Assessing the change, also known as evaluation, propels the implementation process by systematically and periodically measuring the program's quality and value (Markiewicz & Patrick, 2016). Unlike monitoring, which indicates only whether changes are happening, evaluation delves deeper, providing insights into the nature of these changes (Kelly & Reid, 2020; McArdle, 1990). Through evaluation, strengths and weaknesses of implementation strategies can be identified, something monitoring alone cannot achieve (Markiewicz & Patrick, 2016). In my role overseeing the

implementation of this change process, I have formulated a strategic evaluation plan, shown in Appendix I, that precisely gauges the impact of innovative initiatives on XC's nursing education curriculum. In the process of interpreting and analyzing both quantitative and qualitative data, I will use six evaluative questions inspired by Markiewicz and Patrick (2016). These questions are designed to assess six dimensions of the pilot within each of the three terms over the 12-month period: (a) appropriateness, (b) inclusivity, (c) effectiveness, (d) efficiency, (e) impact, and (f) sustainability.

The evaluation is an important component of integrating CEEL strategies into the nursing curriculum. Working alongside the curriculum review committee and employing a blend of transformational and coaching leadership styles, I aim to conduct evaluations at significant stages throughout the implementation phase. These evaluations, geared towards enhancing student learning outcomes, will adhere to the structured plan outlined in Appendix I, incorporating Kotter's (1995) change management model and the PDSA cycle (Deming, 2018). This framework is meticulously designed to align with both the immediate goals of this DiP and the long-term vision of XC, aiming to substantiate the educational reforms with measurable success.

Adopting a mixed-methods approach for the evaluation will enable the triangulation of data from quantitative and qualitative sources (Creswell & Creswell, 2023; Palinkas, 2014). This comprehensive method includes using PDSA cycles (Deming, 2018), narrative analysis, and the examination of reports to address evaluative questions regarding the curriculum change's impact (Markiewicz & Patrick, 2016). The focus will be on assessing the appropriateness, inclusivity, effectiveness, efficiency, impact, and sustainability of the pedagogical shift. By completing thorough data analysis, my objective will be to extract meaningful insights and actionable recommendations (Lavis et al., 2003), clearly linking planned actions to observed outcomes and ensuring the initiative's relevance and efficacy.

The purpose of the evaluation transcends mere assessment; it is a strategic tool for both

enhancement and deeper learning. The process of formulating precise evaluation questions and analyzing the data in collaboration with the curriculum review committee promises to uncover valuable insights, spurring innovation and informing future course improvements (Lam & Shulha, 2015). This methodical and reflective approach, emblematic of my leadership style, will facilitate engaged dialogue and base strategic decisions on solid evaluative evidence (Markiewicz & Patrick, 2016). It is a testament to a collaborative spirit aimed at fostering a culture of continuous learning and adaptation, essential for the ongoing enhancement of XC's nursing curriculum. Throughout this rigorous evaluative process, I am committed to achieving and upholding a standard of educational excellence, enriching the learning experience for XC students, and setting new benchmarks in nursing education.

Next Steps and Future Considerations

As I lead the change process in XC's nursing program, my focus will be on enhancing teaching strategies for infant and breastfeeding care, in collaboration with the faculty, based on the feedback from the first group of students engaging with the new curriculum. My goal is to elevate the profile of infant and breastfeeding education within the maternal and child nursing course. This includes initiating discussions with current and prospective students and faculty members to underscore the significance of these topics, as Moss (2019) highlighted. The implementation of this new educational approach is notable for its inclusivity and multifaceted methodology.

My strategy is grounded in practicing ethical leadership and ensuring the inclusion of diverse perspectives, particularly from community partners and stakeholders, following the guidance of Trittin and Schoeneborn (2017). The successful implementation of this initiative is expected to bolster the infant and breastfeeding curriculum within XC's nursing programs, potentially leading to additional funding for faculty development focused on maternal health. This aligns with my plan to advocate for adjustments in XC's hiring and training processes to attract faculty with maternal health teaching and research expertise, as they are crucial for effectively educating students in these critical areas.

Although the current focus is on adapting the existing curriculum, this DiP also lays the groundwork for more extensive future changes. These include revising the entire maternal and child nursing course to better align with ETP requirements, the CNO's (2024) practice standards and guidelines, and the needs of XC's healthcare partners. I plan to incorporate these anticipated changes into XC's accreditation reports to ensure long-term commitment and accountability. As a nursing professor at XC, I am well positioned to be a driving force in this transformative journey. I aim to create a collaborative and inclusive learning environment by strategically engaging students and faculty interested in maternal and child health concepts, especially infants and breastfeeding. Employing transformational and coaching leadership styles, I support the current changes and lay the groundwork for future evolution and improvement in nursing education at XC. This effort includes the possibility of sharing our innovative approaches with other nursing schools and following up with students post-program to evaluate their confidence in infant feeding, thereby broadening the impact of this work.

Chapter Summary

The final chapter of this DiP focused on the execution, communication, and assessment of the pedagogical shift at XC. It elucidated the enhancement of maternal and newborn education through an experiential learning strategy by outlining a clear roadmap based on Kotter's (1995) model and detailing the timelines, specific objectives, and roles of the individuals driving these changes. I created a communication plan to ensure inclusivity and equity, which are vital for successfully embedding this new educational approach. Utilizing Deming's (2018) PDSA model for M&E, the plan emphasizes adaptability and accountability, addresses potential challenges, and includes methods to refine strategies as needed as this initiative evolves within the nursing department. Thus, the comprehensive strategy focuses on the immediate rollout of experiential learning in maternal and newborn education and considers its long-term integration and impact within XC's nursing curriculum.

Concluding Thoughts

This DiP has tackled the challenge of advancing nursing education at XC, focusing specifically on infant and breastfeeding education. I believe this DiP addresses a more critical regional, and even national, issue: namely, the broader problem of bridging the gap between the readiness of nursing students for the workforce and the expectations of healthcare organizations, which also carry financial implications. However, the primary goal of this project is to empower nursing faculty to prepare students for challenges within the domain of infant and breastfeeding more effectively. The DiP also predicts future enhancements in the curriculum, aligning with the evolving healthcare and nursing education landscape. In XC's often change-resistant environment, my role as a nursing faculty member and course lead, characterized by a combination of transformational and coaching leadership styles, is crucial. This approach is instrumental in building a collaborative team dedicated to improving student learning in infant and breastfeeding care and enhancing communication among faculty, thus boosting their engagement in the change process. Ultimately, this project goes beyond updating teaching methods; it calls for a dynamic approach to curriculum management that benefits the entire program and aligns with the broader goals of XC's nursing department.

My journey in the doctoral program has allowed me to experience significant personal and professional growth. Despite its challenges, this journey has been enriching and has shaped my academic capabilities and refined my leadership skills within my leadership agency. Each obstacle along the way has served as an opportunity for growth, pushing me to expand my boundaries. Initially, my approach to tackling the complex PoP was instinctive, but I embraced a more reflective and strategic approach over time. Integrating my experiences and passions into my teaching and leadership style has been transformative, and it has enriched my understanding of transformational, ethical, influential, and coaching leadership throughout the process. This evolution has significantly influenced my interactions and effectiveness as a leader.

The insights from this journey have been invaluable to my responsibilities in the nursing department at XC. Establishing effective team discussions, fostering a culture of collaboration, and ensuring inclusive communication have become fundamental aspects of my leadership style. Although challenges have marked the journey, each one has contributed to my growth and shaped me into a leader who values diversity, embraces collaboration, and is committed to driving positive change. The Doctor of Education program at Western University has been more than an academic endeavour; it has been a profound journey of personal transformation, equipping me with the knowledge and confidence to lead effectively within my leadership agency.

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Appendix A: Structure of Key Organizational Actors

Figure A1

Overall Organizational Structure

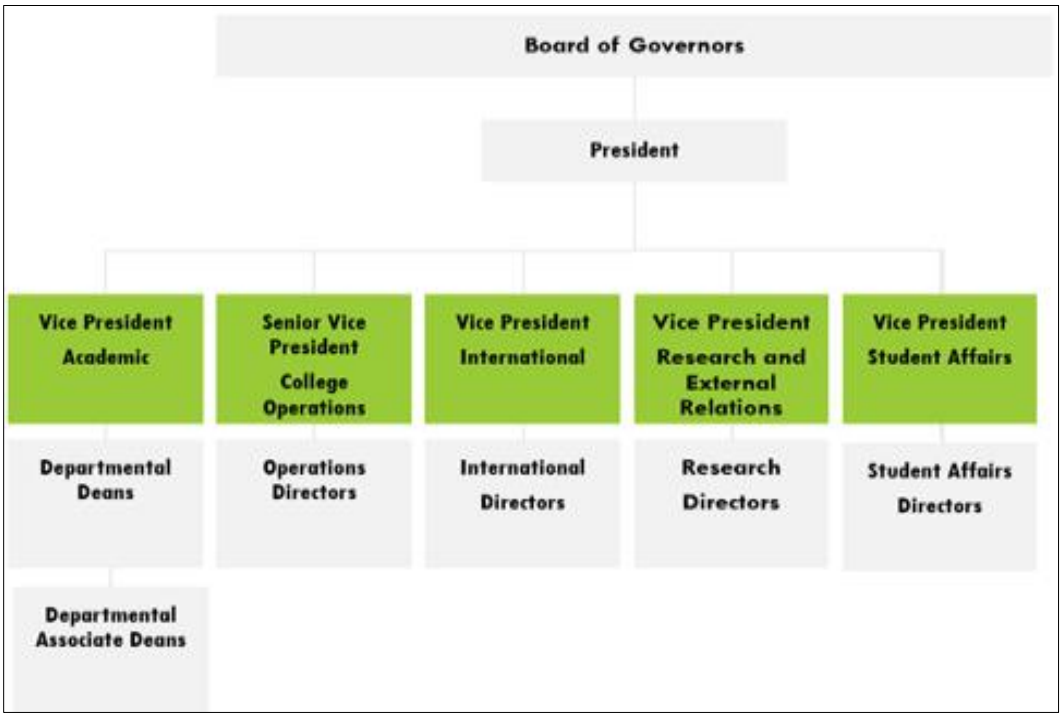
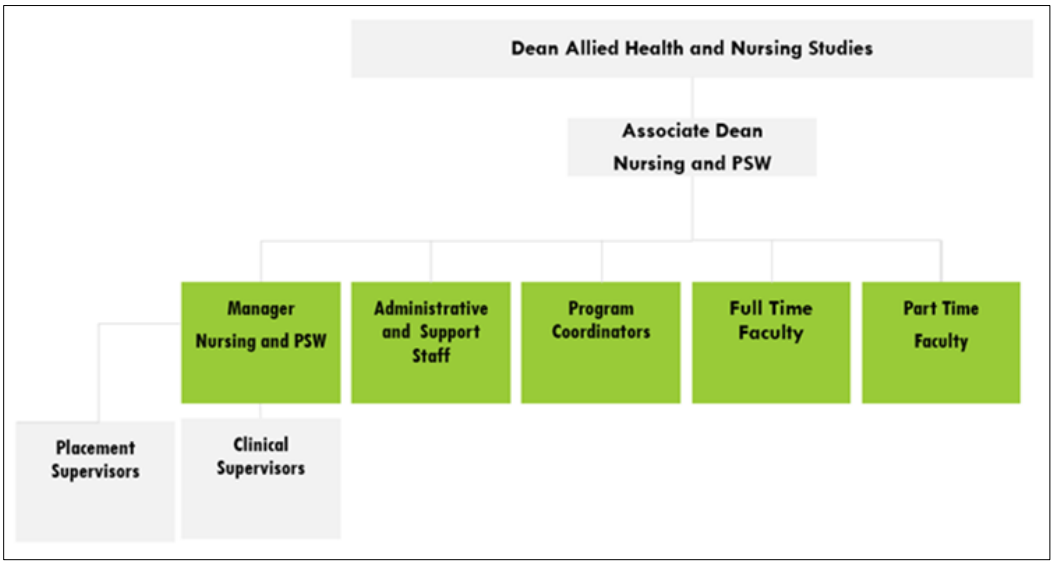


Figure A2

Nursing Department's Structure and My Role as Faculty Member



Appendix B: PEST Macro and Micro Analyses

Table B1

Macro PEST Analysis

Factor	Description
Political	• Funding is provincial for community colleges and nursing programs. • The CNO sets regulations and standards. • Immigration policies affect international students. • Healthcare policies influence nursing curriculum and training.
Economic	• Tuition fees and affordability for students. • The economic health of Ontario affects job prospects for nursing graduates. • Government grants and financial aid are available for students.
Social	• Perception and attractiveness of the nursing profession in society. • Demographic changes in Ontario are affecting healthcare needs. • Cultural diversity of student population and the need for culturally competent care training.
Technological	• Integration of currenthealthcare technologies in the curriculum. • Availability and use of simulation labs for hands-on training. • E-learning platforms and online course offerings. • Technological infrastructure to support remote learning, especially in the context of events like the COVID-19 pandemic.

Table B2

PEST Micro Analysis

Factor	Description
Political	• Politics within departments and between faculty members. • Policies regarding admissions, grading, and student behaviours. • Faculty representation in decision-making bodies and committees.
Economic	• Internal budget allocation for nursing versus other programs. • Tuition fee structure and its impact on student enrolment. • Salary scales, collective agreements, wage increases, and benefits for faculty and staff. • Funding and grants are available for nursing research within the college.
Social	• Campus culture and the relationship between faculty and students. • Feedback mechanisms for students to voice concerns or suggestions. • Diversity and inclusivity initiatives within the college. • Social events, clubs, or societies related to nursing to enhance student engagement.
Technological	• Internal IT support and infrastructure for nursing courses. Adoption of new teaching technologies like simulation labs or virtual reality tools. • E-learning platforms, course management systems, and their integration into the nursing curriculum. • IT training and support for faculty to integrate technology into their teaching methods.

Note. IT = information technology.

Appendix C: ADKAR Forces Readiness for Change Survey

ADKAR Forces Readiness for Change Survey

The Proposed Change

What can be done to enhance the lack of breast and infant feeding curriculum within XCs nursing programs?

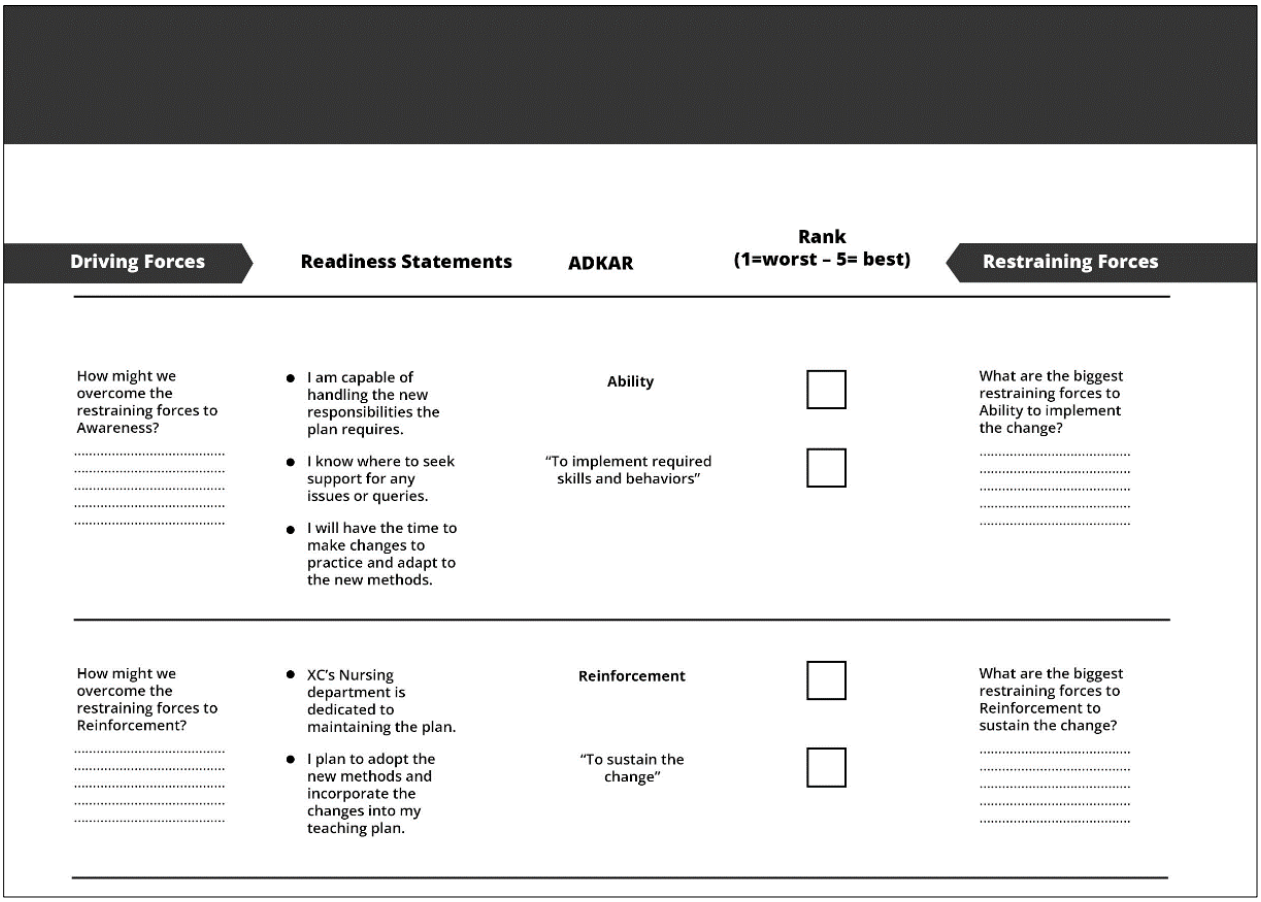
Instructions

Please rate the following statements using the Likert scale (**1- Strongly Disagree to 5- Strongly Agree**).

After ranking, use the columns marked '**Driving Forces**' and '**Restraining Forces**' on either side to share your views.

Remember, 'Driving Forces' facilitate and encourage change, while 'Restraining Forces' hinder change and can lead to resistance.

Driving Forces	Readiness Statements	ADKAR	Rank (1=worst – 5= best)	Restraining Forces
How might we overcome the restraining forces to Awareness?	• I am aware of why this change is necessary. • I understand the dangers of not implementing a change. • I understand the potential impact on student learning.	**Awareness** "Of the need for change"	☐ ☐ ☐	What are the biggest restraining forces to Awareness of the need to change? .....
How might we overcome the restraining forces to Desire?	• I am eager to participate in the plan and excited about the changes it will bring. • My colleagues (either Dean, Associate Dean, and faculty colleagues) all support this change.	**Desire** "To participate and support the change"	☐ ☐	What are the biggest restraining forces to Desire to support the change? .....
How might we overcome the restraining forces to Knowledge?	• I possess the necessary skills and abilities to succeed both during and after the plan's implementation. • The support provided will be sufficient to prepare me for the plan.	**Knowledge** "On how to change"	☐ ☐	What are the biggest restraining forces to Knowledge of how to change? .....



Driving Forces	Readiness Statements	ADKAR	Rank (1=worst – 5= best)	Restraining Forces
How might we overcome the restraining forces to Awareness?	• I am capable of handling the new responsibilities the plan requires. • I know where to seek support for any issues or queries. • I will have the time to make changes to practice and adapt to the new methods.	**Ability** "To implement required skills and behaviors"	☐ ☐	What are the biggest restraining forces to Ability to implement the change? ....
How might we overcome the restraining forces to Reinforcement?	• XC's Nursing department is dedicated to maintaining the plan. • I plan to adopt the new methods and incorporate the changes into my teaching plan.	**Reinforcement** "To sustain the change"	☐ ☐	What are the biggest restraining forces to Reinforcement to sustain the change? ....

Note. Adapted from *Unlocking Value Realization Using ADKAR and Force Field Analysis*, by T. Creasey, 2021, pp. 44–58. Copyright 2021 by Prosci.

Appendix D: Summary of Scholar Practitioner Individual Observations (ADKAR Forces)

ADKAR element	Key discussion points	Assumed faculty insights	Impact on PoP	Driving forces	Opposing forces	Possible faculty questions raised	Possible faculty ideas for implementing
Awareness	Current need to enhance maternal–child health education apparent.	Noted low ETP scores in maternal–child domains.	Enhance exam success, employability; comprehensive approach needed.	Commitment to excellence at XC (college values and mission); CNO; accreditation standards.	Resistance to changing curriculum.	How can XC better reflect diverse practices?	Develop diverse maternal–child health module.
Desire	Motivation for curriculum reform.	Mixed responses: importance of improving ETP scores highlighted; students can study or find their own path.	Crucial for student success and employability; inclusive changes needed.	Support from associate dean.	Hesitancy with current structure.	How will this reform affect students' readiness for real-world nursing challenges in maternal–child health?	Invite field experts to a faculty meeting to discuss the importance of maternal–child health education (e.g., public health).
Knowledge	Identifying curriculum enhancements	Suggestions for training; faculty believe I am faculty expert; steep learning curve for most faculty at XC Nursing.	Knowledge is lacking or outdated; may impact the development of a more robust and relevant curriculum.	Some expertise in maternal–child nursing.	Limited exposure to maternal–child specialty areas on staff.	How can faculty learn or increase knowledge about maternal–child nursing and breastfeeding?	Workshops for faculty (internal); external learning opportunities such as conferences.

ADKAR element	Key discussion points	Assumed faculty insights	Impact on PoP	Driving forces	Opposing forces	Possible faculty questions raised	Possible faculty ideas for implementing
Ability	Assessing faculty's ability for new changes.	Concerns about resources (lab, teaching, and time); focus on boosting ETP scores (can faculty truly do this?).	Readiness for methods enhancing exam success, employability.	Commitment to providing resources, training, and support to faculty for enhancing their skills and knowledge	Adopt new teaching methods if faculty accustomed to another approach; additional workload concerns.	What specific support and resources will the college provide to facilitate the transition to the new teaching methods?	Peer mentoring program for faculty who have not taught this content or worked in this nursing role before.
Reinforcement	Sustaining curriculum changes.	Emphasis on maintaining changes for better ETP; employability in maternal–child areas.	Enduring changes for exam and student success, employability; faculty can teach into the course who do not have maternal–child specialization.	College's commitment to education and creating students who are job ready.	Risk of complacency post-changes; lack of feedback or evaluation; resource shifts or changes.	How will XC know if the change is successful? How will it ensure ongoing support and resources to prevent the new curriculum from becoming outdated or neglected?	Feedback system for curriculum changes. (student and faculty); regular curriculum review process.

Note: ADKAR = awareness, desire, knowledge, ability, reinforcement; PoP = problem of practice; ETP = entry to practice; XC = X College; CNO = College of Nurses of Ontario. Adapted from *ADKAR: A Model for Change in Business, Government and Our Community*, by J. Hiatt, 2006, pp. 2–3. Copyright 2006 by Prosci Research. Driving and opposing forces adapted from "Kurt Lewin's Change Theory in the Field and in the Classroom: Notes Toward a Model of Managed Learning," by E. H. Schein, 1996, *Systems Practice*, *9*(1), pp. 27–47. Copyright 1996 by Kluwer Academic.

Appendix E: Comparing Solutions Matrix

Solution	Impact	Evidence	Cost	Ease of implementation	Feasibility	Internal support	External support	EDI	Technological requirements	Faculty training needed	Sustainability
#1 Integrated curriculum development	Low	Exists	Moderate	Easy	Feasible	Speculative	Speculative	Covered	Medium	Yes	Short-term
#2 VSBL	Low	Some	High	Difficult	Feasible	No	Yes	Not covered	Very high	Yes	Unknown
#3 CEEL	High	Exists	Low	Easy	Feasible	Yes	Speculative	Covered	Low	No	Long-term

Note. EDI = equity, diversity, and inclusion; VSBL = virtual simulation-based learning; CEEL = community engagement and experiential learning. All three solutions are aligned with XC's strategic priorities, compliance and accreditation considerations, and the ethic of care.

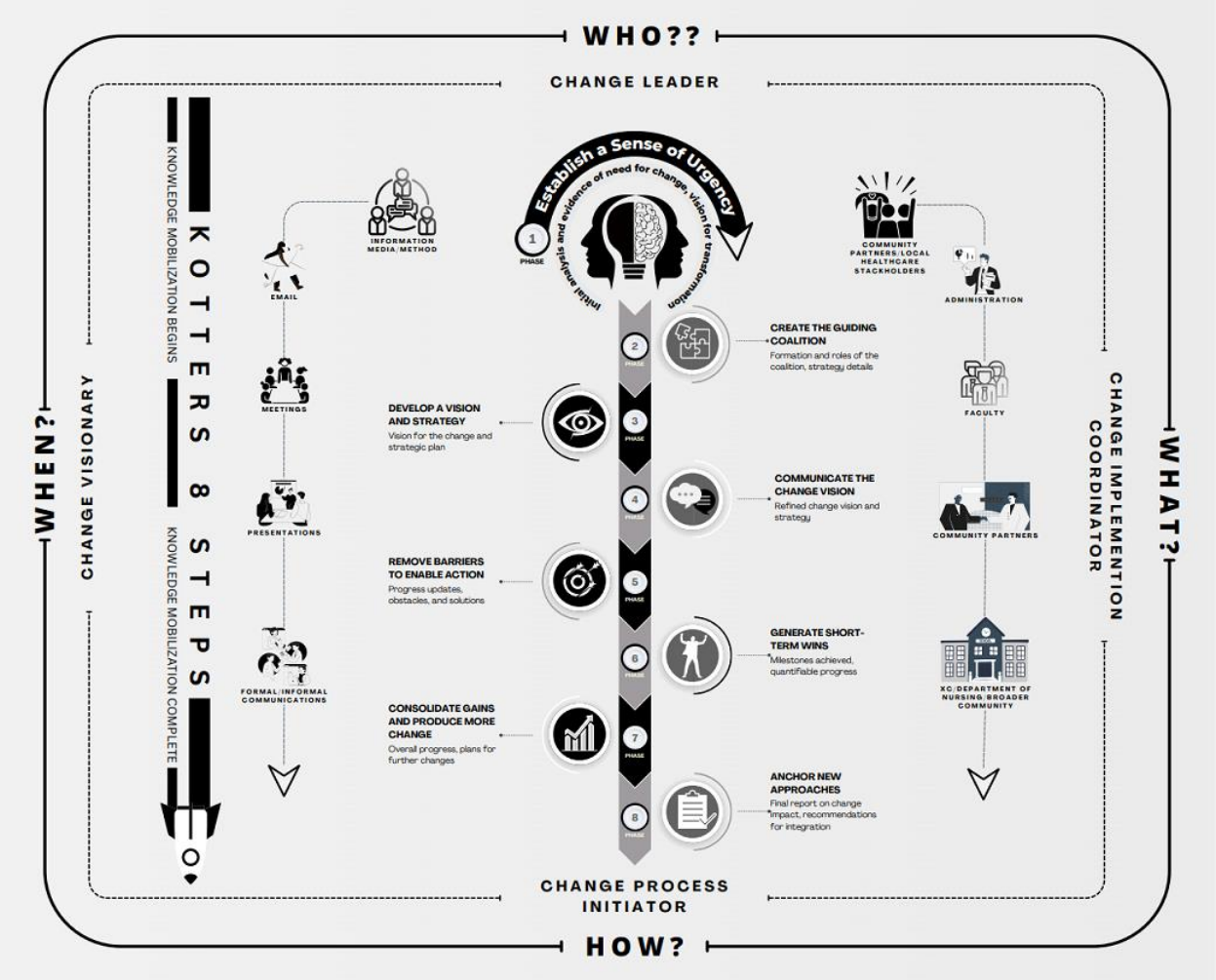
Appendix F: Timeline and Goals, Guided by Kotter's Eight-Step Change Model

Steps	PDSA cycle phase	Time frame (weeks)	Responsible person	Actions
Step 1: Establishing urgency	Plan	1	Change visionary	• Analyze and present data to associate dean highlighting current model deficiencies. • Conduct meetings with associate dean to discuss potential improvements.
Step 2: Forming a coalition	Plan	2–5	Change leader	• Identify and assemble a team of nursing faculty and administrative staff. • Initiate regular coalition meetings for strategic planning.
Step 3: Creating a vision	Plan	6–8	Change visionary, change support coordinator	• Formulate a detailed vision for curriculum revision. • Research and select exemplary models for inspiration.
Step 4: Communicating the vision	Do	9–14	Change visionary, change process initiator	• Develop detailed communication materials. • Host workshops to present the change vision to faculty.
Step 5: Empowering action	Do	15–17	Change implementation coordinator, change support coordinator	• Set and present specific KPIs and ROI targets. • Prepare presentations for leadership approval and solidify how KPIs are progressing.
Step 6: Generating short-term wins	Study	18–20	Change evaluation and feedback analyst	• Monitor and report on early-stage implementation results. • Conduct surveys among instructors and students for feedback.
Step 7: Consolidating gains	Study	20–52	Change visionary, change leader	• Analyze survey and performance data for insights. • Implement iterative improvements based on data.
Step 8: Anchoring new approaches	Act	52+	Change adopters and beneficiaries	• Finalize and document curriculum updates. • Develop a long-term curriculum review and update mechanism.

Steps	PDSA cycle phase	Time frame (weeks)	Responsible person	Actions
Potential next steps	Act	Ongoing	Change visionary, all stakeholders	• Explore further partnerships for program expansion. • Engage in regular review meetings for continuous improvement. • Participate in industry conferences and research. • Brainstorm continual improvements.

Note. PDSA = plan, do, study, act; KPIs = key performance indicators; ROI = return on investment. The eight steps are adapted from *Leading Change*, by J. P. Kotter, 2012, pp. 37–168. Copyright 2012 by Harvard Business Review Press. PDSA components adapted from "Use the PDSA Model for Effective Change Management," by P. Donnelly and P. Kirk, 2015, *Education for Primary Care*, *26*(4), pp. 279–281. Copyright 2015 by Taylor & Francis.

Appendix G: KMP Infographic



Note. The eight steps are adapted from *Leading Change*, by J. P. Kotter, 2012, pp. 37–168. Copyright 2012 by Harvard Business Review Press. Other material adapted from "Bringing Project and Change Management Roles Into Sync," by K. Pádár et al., 2017, *Journal of Organizational Change Management*, *30*(5), pp. 802–803, 811–813. Copyright 2017 by Emerald Insight.

Appendix H: Monitoring Outcomes Plan

Kotter's 8 Steps	Outcome description	Selected elements of PDSA and phase alignment	Monitoring tool and justification
1. Establishing urgency	Awareness and recognition of the urgent need for change is communicated to nursing program leadership and faculty.	Plan: Identify need for change and set goals.	Survey and engagement metrics: Use surveys to measure awareness and engagement metrics to monitor participation rates.
2. Forming a coalition	Change leadership team established to drive the change forward.	Plan: Form team and plan engagement.	Attendance tracking and meeting summaries: Track attendance and summarize key decisions to ensure active participation and alignment.
3. Creating a vision	Strategic vision and initiatives collaboratively developed and validated.	Plan: Develop and finalize at least two of the changes.	Vision alignment sessions: Conduct sessions to refine and agree upon the vision and strategy.
4. Communicating the vision	Raise awareness and understanding of the new learning strategies among faculty.	Do: Implement and communicate change to nursing program staff.	Communication effectiveness surveys and informal feedback: Measure the reach and effectiveness of communication through surveys and gather informal feedback.
5. Empowering action	Identify and mitigate barriers to adopting breast and infant feeding CEEL in the community.	Do: Execute actions to remove barriers.	Barrier analysis and resolution tracking: Identify barriers through analysis and track the resolution process to ensure barriers are addressed.
6. Generating short-term wins	Launch and monitor the initial CEEL initiative.	Study: Assess initial outcomes and feedback.	Pilot feedback collection and analysis: Collect feedback from all stakeholders in the pilot (via course evaluation and stakeholder surveys) and analyze for immediate improvements.

Kotter's 8 Steps	Outcome description	Selected elements of PDSA and phase alignment	Monitoring tool and justification
7. Consolidating gains	Document and disseminate the successes of early CEEL initiatives; deeper change driven.	Study: Review and evaluate extended outcomes.	Success story showcase and impact assessment: Document success stories for internal and external sharing and assess their impact on the initiative.
8. Anchoring new approaches	New approaches and successes widely acknowledged and institutionalized.	Act: Implement adjustments and solidify changes.	Integration surveys and curriculum reviews: Conduct surveys to understand overall acceptance and perform curriculum reviews to ensure integration.

Note. PDSA = plan, do, study, act; CEEL = community engagement and experiential learning; CS = clinical supervisor. Informed by the foundational principles outlined in *Developing Monitoring and Evaluation Frameworks*, by A. Markiewicz and I. Patrick, 2016, pp. 120–147. Copyright 2016 by SAGE Publications. Steps adapted from *Leading Change*, by J. P. Kotter, 2012, pp. 37–168. Copyright 2012 by Harvard Business Review Press.

Appendix I: Evaluation Plan—Quantitative and Qualitative

Evaluation aspect and questions	Putting into practice	Collected insights	Evaluation method	Tools and justification
Appropriateness: Did the plan improve infant feeding through the curriculum change pilot?	Conduct evaluations to assess the relevance and appropriateness of the curriculum changes. This could involve structured interviews or surveys with faculty to gather their perspectives on whether the changes have improved their ability to teach infant feeding. Similarly, student feedback can be collected to understand if they feel better prepared in in0066ant feeding practices.	Analysis of faculty and student feedback to identify themes related to the curriculum's impact on teaching and learning effectiveness. Review of curriculum content changes to ensure alignment with current best practices in infant feeding.	Qualitative and quantitative	Surveys and Interviews: Direct feedback from faculty and students offers insights into the curriculum's effectiveness and areas for improvement, supporting continuous refinement.
Inclusivity: How effectively does the curriculum change represent and address the diverse infant feeding practices, cultural values, and family structures encountered in healthcare settings?	Conduct a diversity audit of the curriculum content; facilitate focus groups with faculty and students to understand needs and perceptions; and integrate findings into curriculum development.	Compilation of diversity audit results, focus group findings, and revisions made to curriculum content to enhance inclusivity.	Quantitative	Diversity audit and focus groups: Ensures the curriculum is inclusive and reflects diverse perspectives.
Effectiveness: Did students demonstrate improved competence in infant feeding practices and were they satisfied with the change?	Use pre- and post-tests to measure student competence; incorporate practical assessments in simulations and clinical settings; and survey students for satisfaction with the curriculum changes.	Analysis of pre- and post-test scores, clinical assessment outcomes, and student satisfaction survey results.	Quantitative	Pre- and post-tests, clinical assessments: Quantitative measures of student learning outcomes provide concrete evidence of the curriculum's impact on knowledge and skills.

Evaluation aspect and questions	Putting into practice	Collected insights	Evaluation method	Tools and justification
Efficiency: Was the new infant feeding content integrated into the nursing curriculum in a timely way?	Map the curriculum to identify opportunities for integration without redundancy; streamline the introduction of new content through faculty training; and monitor the time and resources used in the process.	Summary of curriculum mapping outcomes, faculty training sessions, and an analysis of resource utilization during the integration process.	Qualitative and quantitative	Curriculum mapping: Optimizes the curriculum structure, ensuring efficient and effective integration of new content while minimizing redundancy and resource waste.
Impact: Has there been an increase in student success rates in maternal-child nursing ETP scores post-implementation?	Compare student grades, course evaluations, and ETP scores before and after the curriculum changes.	Compilation of comparative data on student performance, feedback, and success rates in maternal-child nursing courses.	Quantitative and qualitative	Comparative data analysis: Provides a comprehensive view of the curriculum changes' impact, facilitating evidence-based decisions for future improvements.
Sustainability: Is there indication that the enhancements to the infant feeding curriculum be maintained and further developed?	Establish a continuous improvement process based on stakeholder feedback; set up regular review meetings with faculty, students, and external reviewers; and ensure resource allocation for ongoing updates.	Feedback summaries, minutes from review meetings, and documentation of adjustments made for continuous improvement.	Qualitative and quantitative, for curriculum review committee's analysis and review.	Continuous improvement process: Ensures the curriculum remains relevant and effective over time, adapting to new evidence, feedback, and educational needs.

Note. PDSA = plan, do, study, act; CEEL = community engagement and experiential learning; CS = clinical supervisor. Informed by the foundational principles outlined in *Developing Monitoring and Evaluation Frameworks*, by A. Markiewicz and I. Patrick, 2016, pp. 148–180. Copyright 2016 by SAGE Publications. Steps adapted from *Leading Change*, by J. P. Kotter, 2012, pp. 37–168. Copyright 2012 by Harvard Business Review Press.