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The Lived Experience of Indonesian Nursing Faculty Participating in a Nursing Education Reform based on the 2009 World Health Organization Global Standards

Joan Elaine Edwards

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**THE LIVED EXPERIENCE OF INDONESIAN NURSING FACULTY
PARTICIPATING IN A NURSING EDUCATION REFORM BASED ON THE
2009 WORLD HEALTH ORGANIZATION GLOBAL STANDARDS**

by

JOAN ELAINE EDWARDS

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
Department of Nursing

Beth Mastel-Smith, Ph.D., Committee Chair

College of Nursing and Health Sciences

The University of Texas at Tyler
November 2012

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Abstract

THE LIVED EXPERIENCE OF INDONESIAN NURSING FACULTY PARTICIPATING IN A NURSING EDUCATION REFORM BASED ON THE 2009 WORLD HEALTH ORGANIZATION GLOBAL STANDARDS: A PHENOMENOLOGICAL STUDY

Joan Elaine Edwards

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December 2012

Problem: In 2009, the World Health Organization (WHO) published global standards for initial education of professional nurses and midwives. Curriculum revision is challenging; but even more difficult in developing countries such as Indonesia. Faculty may not be equipped educationally and experientially for the educator role. Indonesian nursing curricula are not currently based on the 2009 WHO global standards.

Purpose: To understand the lived experience of Indonesian nursing faculty participating in curriculum revision based on 2009 World Health Organization global standards.

Design: A mixed descriptive and interpretive phenomenological qualitative research approach, based on van Manen's methodology.

Participants: Thirty-seven nursing faculty from four schools of nursing, representing private and government, diploma and baccalaureate Indonesian nursing programs. Two focus group sessions (pre-revision and near-end revision) were held at each nursing program.

Setting: Jakarta and Bandung, West Java, Indonesia.

Analysis: Transcriptions from audio-taped focus-group interviews were analyzed using van Manen's three-pronged phenomenological thematic analysis approach.

Findings: Themes identified were: (a) perceptions/feelings about curriculum revision, (b) past and current experience with curricula revision, (c) perceptions of the WHO curriculum revision process (benefits, obstacles and resources to facilitate), and (d) advice for the researcher in facilitating the process and for WHO regarding the 2009 WHO global standard document.

Conclusion: Ongoing communication with faculty can yield valuable insight for project success. Curriculum revisions can be complex and difficult. It is of great importance to have a comprehensive understanding from the participants' viewpoint regarding factors impacting curriculum revision.

Key words: standards, global, international, nursing, education, Indonesia, World Health Organization, curriculum reform, curriculum revision, qualitative research.

Chapter 1: Overview of the Research

Overall Purpose of the Study

Prior to the World Health Organization (WHO, 2009) publication of the “Global Standards for the Initial Education of Professional Nurses and Midwives”, there were no international standards for initial nursing education. With the advent of global nursing shortages, international nurse recruitment, and nurse migration, variances in nursing practice and education have become apparent (Thobaben, et al., 2005a; Thobaben, Roberts, French, & Tallberg, 2005b) culminating in the release of the 2009 WHO Global Standards document. Standardization of curricula and quality of nursing programs is essential to ensure nurses practicing anywhere in the world have the knowledge and competencies necessary to safely care for individuals, families, and communities.

Education reform, which invariably includes curriculum revision, can be a challenging process even for knowledgeable and experienced nursing faculty. Successful revisions should begin with an extensive literature review which is necessary to assure the inclusion of current and relevant educational research findings. Forbes and Hickey (2009) provide several reasons for the difficulties encountered in curriculum revision. Common obstacles include faculty resistance to change, difficulties in consensus building regarding essential core content, challenges in incorporating active learning pedagogies when traditional didactic teaching methods are the norm, and limitations in faculty expertise related to not only the education process but also the curriculum revision process (Forbes and Hickey, 2009).

Indonesia is considered a developing country and currently has the fourth largest population in the world (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2009). A health and human resource assessment conducted in collaboration with the Indonesian government and The World Health Organization revealed deficiencies in the number of professional nurse personnel and the quality of nursing education (Hennessy, Hicks, Hilan, and Kawonal, 2006a). Standardization of nursing curricula and accreditation has been encouraged by the Indonesian government since 1999, but is not yet mandated for all types of nursing programs (Hennessy et al., 2006a; Pak Kusman Ibrahim, personal communication, 2011).

Initial nursing education in Indonesia is currently offered through diploma or baccalaureate nursing programs, the majority of which are diploma programs. As Indonesia attempts to convert to 100% baccalaureate initial professional nurse education in compliance with the WHO document, there is concurrently a strong desire within the government to achieve curriculum congruency with the 2009 WHO Global Standards for Initial Nursing Education (Pak Asijikin Iman Dachlan, personal communication, 2010).

Several researchers in Indonesia have explored nursing workforce volume and nurse/population ratios (Barber, Gertier, & Harimurti, 2007; Heywood & Harapan, 2009); while others have explored the role and competencies of practicing nurses (Hennessy et al., 2006a; Hennessy, Hicks, Hilan, & Kawonal, 2006b; Shields & Hartati, 2003). Hennessy et al. (2006a) noted that current challenges are multi-factorial and include the following: inconsistencies in education and role responsibilities, lack of job descriptions, assessment of nursing performance by non-nursing personnel, the absence of a Nurse Practice Act and inconsistent regulatory standards for nursing education. Three studies

explored educational preparation and experiential base of Indonesian nursing faculty observing that faculty frequently entered educator roles with little or no teaching or clinical experience, or knowledge of health care issues. (Barber et al., 2007; Hennessy et al., 2006a; Shields & Hartati, 2003).

Curriculum reforms frequently originate from higher authorities, including governmental bodies, with the expectation that educators implement the changes. Indonesia is no exception as the curricular reform process was initiated by the Indonesian government. No qualitative research studies of nursing faculty involved in the process of implementing a curriculum revision were found; however, recommendations from qualitative studies of other health disciplines indicated that the revision process could definitely have benefited from more open dialogue with curriculum revision participants (Lillevang, Bugge, Beck Joost-Rethans, & Ringsted's, 2009).

Although research articles were located that discussed nursing education and curriculum reform nationally or internationally, none were found that explored a nursing education reform process utilizing the 2009 World Health Organization Global Standards for the Initial Education of Professional Nurses and Midwives (WHO, 2009). An optimal way to study a process, such as an educational reform, is to ask the participants involved in the process. The purpose of this study was to develop an understanding of the lived experience of Indonesian nursing faculty as they participated in a curriculum revision based on the 2009 World Health Organization Global Standards for Initial Education of Professional Nurses.

Introduction of Articles

Two documents are included in this dissertation portfolio which explain and support the research that has been conducted. The first article consists of a Fulbright Grant application submitted and approved for a ten month period in Indonesia. The Fulbright partially funded research and data collection for this research. This document provides not only a foundation of my personal history with the Indonesian people, the Indonesian nursing profession and the country of Indonesia; but also describes my approach to ensure cultural appropriateness of the educational research project which I undertook.

The second article describes the qualitative research study and reports the findings. Four Indonesian nursing programs were included in the study to ensure faculty from all types of nursing programs were represented in the sample, thus strengthening dependability and confirmability of the findings. Five thematic areas emerged from the data: (a) perceptions/feelings about curriculum revision, (b) experience with curriculum revision, (c) revision process (perceived benefits, resources to facilitate, and obstacles), and (d) advice (for the researcher; for WHO). These research findings provide valuable information to facilitate the implementation for any curriculum revision, but most importantly for the utilization of the 2009 WHO Global Standards.

Chapter 2. Fulbright Grant

Evaluation and Revision of Indonesian Baccalaureate Nursing Curricula

Consistent with 2009 World Health Organization (WHO) Standards

Joan E. Edwards

The University of Texas at Tyler

Application prepared for The Council for International Exchange Scholars - CIES

Fulbright Scholar Program

Abstract

Recent 2009 WHO Global Standards for Initial Education of Professional Nurses and Midwives provide a benchmark for countries to assure current nursing program curricula are congruent with global standards required to meet the health care needs of national and world populations. This project facilitated a benchmarking process with an Indonesian government-selected cohort of four nursing programs. Objectives were: a) develop and deliver seminars on curriculum revision based on 2009 WHO Standards; b) facilitate evaluation of current baccalaureate nursing curricula in relation to 2009 WHO standards; and c) assist in the formulation of a timeline and plan for the standardization process.

Evaluation and Revision of Indonesian Baccaalaureate Nursing Curricula
Consistent with 2009 World Health Organization (WHO) Standards

Project Statement

The role of nurses as caregivers and health advocates can be found in almost every culture since the beginning of time; however, not until the 21st century has a concerted effort been launched to standardize nursing education around the world. Because an estimated 35 million nurses and midwives make up the largest portion of the global health care workforce, the World Health Organization (WHO) has recently called for global standardization of initial nurse and midwifery education (WHO, 2009). The Global Fund, a health care world funding organization originating from the 2001 G8 Summit in Italy, places a strong priority on development of competent and knowledgeable health care workers, currently devoting one-third of all Global Fund expenditures to upgrading health care infrastructures along with training and capacity building of health care personnel (Banati & Moatti, 2008).

Scope and Justification of Proposed Project

WHO Global Standards for Initial Education of Professional Nurses and Midwives (2009), an emphasis of the United Nations 2015 Millennium Development Goals (n.d.), and world morbidity and mortality data are currently driving nations to re-evaluate nursing education. The overarching goal for this Fulbright scholarship project is to facilitate the revision of four nursing curricula to meet the 2009 WHO Global Standards for Initial Education of Professional Nurses and Midwives

The ten month project will address the following three objectives: a) develop and deliver seminars on curriculum revision based on the WHO Standards and the curriculum

development process; b) facilitate evaluation of current nursing curricula in comparison to 2009 WHO standards; and c) assist in the formulation of a timeline and plan for the standardization process. Faculty at four colleges of nursing on the Indonesian island of Java will participate. These universities include Health Polytechnic of Ministry of Health-Jakarta 1, Health Polytechnic of Ministry of Health – Jakarta 3, University of Padjadjaran - Bandung, and University of Pelita Harapan – Jakarta. Monthly seminars or workshops with faculty representatives will be held at mutually-convenient locations and dates for the purpose of incorporating WHO standards into current curricula. Seminar content will begin with the historical basis and rationale for the 2009 WHO Standards along with work group activity sessions to begin exploration of current curricula in comparison to a segment of the 2009 WHO Standards. Subsequent seminars will identify step-by-step processes of curriculum revision, work sessions aimed at facilitating discussions amongst university faculty regarding how to revise curriculum components to meet WHO standards, and sharing of progress toward goals. In addition, meetings with individual faculty groups from each institution will be scheduled each month to assist with capacity building needs identified by nursing school faculty. Beginning with the initial monthly seminars, comparison of nursing curricula with each standard will identify variances to be addressed. Each variance will then be incorporated into an action plan and timeline with the end goal of 2009 WHO standard compliance. Variances that are identified as being common for all or the majority of nursing programs will become agenda items at the monthly working seminars.

Refining nursing curricula to make it commensurate with WHO standards is significant to Indonesia for two reasons: 1) Standardization of nursing education based

on WHO standards could assist the population of Indonesia in obtainment of improved length and quality of life. As WHO so succinctly states in their 2009 document, “Research has indicated that a more highly educated nursing workforce not only improves patient safety and quality of care, but also saves lives” (WHO, 2009) and 2) Indonesia currently encourages Indonesian-educated nurses to seek employment outside the country. This benefits the individual nurse and family as well as the country of Indonesia since at least a portion of revenues from out-of-country employment often returns to the country. In order to be competitive in the world health care market, it is imperative Indonesian nurses meet standards during their education that equips them to meet or exceed 2009 WHO global nursing standards.

The participating Indonesian nursing education programs will benefit from this project by becoming forerunners of a curriculum that meets the 2009 WHO standards. Texas Woman’s University, my employer, and the University of Texas – Tyler, where I am currently enrolled in a PhD nursing program focused on health in the context of the community with a specific focus on global application of nursing research and knowledge, will benefit indirectly from my participation in this world-wide collaboration with nursing colleagues to provide global nursing excellence.

Why Indonesia (Contributions to Host Institution(s) and Professional Development)

Indonesia was identified for this project because of my past life experiences in the country. I lived in Indonesia from 1976 – 1980. The first year was spent in language study in Bandung, Java. The last three years were spent in Serukam, Kalimantan Barat working at a 100-bed hospital and teaching in an Indonesian school of nursing. After the 2004 tsunami, I have returned every year to assist with either village disaster relief work

or with capacity building of faculty at Syiah Kuala University, Banda Aceh, Sumatra. In 2009 and 2010, I collaborated with the Indonesian Ministry of Health in exploring ways to raise the standard of nursing education in the country. Activities have included presentations at two seminars for nurse educators from the major islands, one of which featured an international panel of experts from the West, Southeast Asia, and the Middle East.

A second role I fill at Texas Woman's University (TWU) is Coordinator of the Center for Global Nursing Scholarship. This proposed project fits very well with that role, since TWU College of Nursing is committed to activities which will establish collaborative relationships with developing countries and/or their nursing programs to develop and sustain high quality baccalaureate, masters, and doctoral programs in nursing. The TWU Dean and Associate Dean on the Houston campus of the College of Nursing are supportive of my leave of absence should I be awarded a Fulbright Scholarship.

Previous Experiences as Preparation to Teach in Indonesia

Previous teaching experience in Indonesia began in 1977. Initially, I taught for three years in a United States-founded mission hospital and diploma nursing school in Serukam, Kalimantan Barat. Indonesian nursing textbooks were unavailable at that time, so I prepared lessons from textbooks brought from the USA and translated all content into Indonesian. I taught a variety of basic medical-surgical nursing courses in addition to obstetrics.

From 2006 through 2010, I have taught capacity building courses with the Indonesian nursing faculty at Syiah Kuala University in Banda Aceh, Sumatra. Subjects

were mutually determined in collaboration with the Dean and faculty from the College of Nursing and included: 1) competency development, 2) test question construction, 3) critical thinking, 4) simulation, 5) nursing care plans, 6) evaluation methods for classroom and clinical experiences, and 7) trends and issues in nursing education.

In 2010, I collaborated with the Indonesian Ministry of Health to present two seminars for nursing faculty in Indonesia. Both of these seminars were held on the island of Java, one of which was a national seminar with attendees from all the major Indonesian islands. The two presentations were: 1) World Health Organization Curriculum Standards, and 2) Current Trends and Issues in Nursing Education in the 21st Century. The presentations in Solo, Java were delivered in bahasa Indonesia (Indonesian language).

The presentation, “Current Trends and Issues in Nursing Education”, included a variety of teaching methodologies which address the different active learning styles of today’s nursing students. Examples included case scenarios, problem-based learning, group activities, memory aides such as acronyms, visual aids, games, poems and songs, art such as audio clips, video clips, photography, and artwork. In Banda Aceh, time was allowed for breakout groups to experience interactive learning methodology. Two groups made up songs and two developed acronyms to teach content or concepts for their subject matter.

Another example of teaching methodologies utilizing technological advancements involves the use of photographs to assist with developing the ability to assess patients and identify appropriate nursing diagnoses. Indonesian nursing faculty had shared with me the prior year that it is not unusual for students to have no hands-on clinical experience

until the very end of their nursing program when they are finally allowed into local hospitals (Banda Aceh) for a year of clinical rotations; however, instructors are not allowed by the hospitals to accompany the students. I shared a photo with the faculty which I had obtained from internet. It was taken after a recent earthquake which devastated one of the provinces of China. The photo was of a young school-aged girl with a bandaged head injury who was being led by two of her friends. She was obviously uncomfortable, dazed, and bleeding. I then gave an example of a nursing diagnosis that could be derived from the photo by using only visual assessment of the young girl and asked the faculty in the workshop to brainstorm as many appropriate nursing diagnoses as possible which could be derived from visual assessment only. The photo became an excellent tool for teaching nursing assessment, critical thinking and nursing diagnoses even without direct patient contact. Sharing these types of alternate teaching methods is a skill I brought which promoted learning creative methods to teach students.

Preparation to Teach Courses Abroad (courses taught, teaching methods, curriculum planning and administrative responsibilities)

Throughout my professional career, I have taught in diploma, associate degree, baccalaureate, masters and PhD nursing programs within the United States and around the world. I have taught or guest lectured both face-to-face and online. In addition to my teaching experience in Indonesia, international experiences include the countries of Zambia, Ethiopia, Bulgaria and China. In 2008 and 2009, I led delegations of women's health and neonatal nurses to China for the United States government People to People Ambassadorship Program. Typically, People to People invites national or international nursing organization presidents to lead one delegation of health care professionals to a

foreign country; however, I was asked to lead a second delegation, partially because of excellent evaluations received from delegation members and the host country.

Most of my teaching career has been in the specialty areas of obstetrics and women's health; however, I have also taught fundamentals of nursing in addition to leadership and management. My teaching style tends to be conversational and interactive. I seek to understand the learning styles of my students and incorporate teaching methodologies that appeal to the learners' dominant styles. Frequently this involves kinesthetic innovative approaches to teaching such as simulation, case scenarios, group activities, songs, skits, games, and memory aides. I have a firm belief that learning should be fun and that the student learns best when actively engaged in the learning process. I also strive to have students catch my passion for the subject I am teaching. I am passionate about obstetrics and women's health. I am also very passionate about learning. An example would be how I teach nursing interventions for fetal heart rate drops during the labor process by using a song. The tune is from a simple medley called "Found a Peanut" which was a tune familiar to the Acehese Indonesian nursing faculty. The words to the song I created are, "It's a decel; It's a decel. To the left and to the right. Turn the Pit off; grab the O2. Let the doc know we're all right." The words to the song explain the pathophysiology behind the situation known as deceleration, and necessary nursing actions such as turn the patient to take pressure off of the umbilical cord (often the cause of a drop in the fetal heart rate). This song "sticks" in the students' minds and learning becomes fun! What is interesting is that Indonesians also utilize Pitocin during the labor process and have a natural love of music and singing; so this song was applicable and well liked in Banda Aceh, Indonesia.

Learning is a life-long process. I role model this as I teach, with the inclusion of the latest evidence-based research available in the field of study. An example of this is the 2009 H1N1 pandemic and the impact on the wellbeing of expectant mothers. Pregnant women are at high risk for this virus and achieved the best outcomes with early identification of illness and treatment of the virus. This research and data was immediately incorporated into my course. During my tenure at Texas Woman's University, I have received several Red Bud Outstanding Faculty Awards (a student-selected faculty honor) and the first 2005 Good Samaritan – Excellence in Nursing Education Award from the 4th largest USA city, Houston, Texas.

Curriculum planning is a necessity for any nursing faculty member. Texas Woman's University College of Nursing recently completed curriculum revision over a four-year period of time. Pediatric content in the undergraduate baccalaureate program became a stand-alone course. This required reorganization of all courses within Levels 5 through 8 of the program and assimilation of some course content from previous stand-alone courses. A concerted effort was made to assure all necessary content and concepts were covered without duplication. Threads were discussed to determine what essential concepts must be carried throughout each course. Leveling of these concepts is currently being developed. This type of curriculum analysis and revision, adapted to the Indonesian culture, is the process to be applied in the Indonesian schools of nursing. In addition to practical hands-on experience with curriculum development, I also completed a curriculum development course as an elective in my PhD program.

Adaptation of Teaching Materials to the Indonesian Culture and Language

Cultural sensitivity is a major concern when working cross-culturally. I always seek in-country guidance when preparing materials prior to teaching. An excellent example is a PowerPoint presentation on women's health across the lifespan prepared for Indonesian Masters in Nursing students. The PowerPoint was created to visually represent the Indonesian culture, so photographs of Indonesian women as well as Western women were included. A photo of an Indonesian sleeping baby was substituted for a photo of a sleeping dog, inappropriate in this predominantly Islamic nation. Indonesians are a very forgiving and gracious people; however, I strive to avoid anything that may possibly be offensive. Review of the PowerPoint and content with an Indonesian colleague assured that all portions were culturally clear or appropriate.

Adaptation to Teaching Environment of Host Country

Experience with the Indonesian culture has taught me that an interactive learning environment infused with respect and appreciation for the Indonesian faculty learner is the best approach. We are professional peers. I bring pieces of knowledge to which they have not yet had access. However, they also bring pieces of knowledge regarding the culture, the Indonesian nursing profession and health care system, and the lived experience of Indonesian nursing faculty to our interaction. We collaboratively strive to attain a mutual goal of high quality nursing education that meets their needs, the needs of the local population and the world in which we practice. An interactive approach to teaching allows for frequent questioning, clarification, and exploration of methodologies that are the best cultural fit for the content being taught. Teaching will be done in either Indonesian, English or a combination of both, depending upon the learners. I have found

that some Indonesians are very fluent and comfortable with the English language, and some are not. However, some faculty are not fluent in English as a second language; therefore, I communicate in Indonesian when that is the case.

Expected Impact on Teaching and Use of Experience Upon Return

Personal benefits from participating in this project are numerous; however, of prime benefit would be the experience gleaned from assisting nurse colleagues from another country and culture in their professional growth and expertise. This will provide a mutual growth experience as I learn more about the issues confronting nurse educators within the country of Indonesia. I am sure these experiences would be of great benefit in working with other countries in the future. Sharing this collaborative experience with my students and faculty colleagues in the U.S. also provides an avenue for introducing the benefits of global sharing for future generations of nurses. Finally, this experience would benefit me in my role as Coordinator of the TWU Center for Global Nursing Scholarship.

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Chapter 3

Indonesian Nursing Faculty Participating in Curriculum Reform Utilizing 2009 World Health Organization Global Standards

by

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Abstract

Purpose: To understand the lived experience of Indonesian nursing faculty participating in a curriculum review and revision based on the 2009 World Health Organization (WHO) Global Standards for the Initial Education of Professional Nurses and Midwives.

Design: A mixed descriptive and interpretive phenomenological qualitative research approach, based on van Manen's methodology

Methods: Purposive sampling and semi-structured interviews were conducted with Indonesian nursing faculty focus groups on West Java, Indonesia before and near the end of curriculum revision. Data, collected from December 2011 through July 2012, were analyzed using van Manen's descriptive and interpretive methodological approach.

Findings: Four major themes were identified: (a) perceptions/feelings about curriculum revision, (b) past and current experience with curricula revision, (c) perceptions of the WHO curriculum revision process (benefits, obstacles and resources to facilitate), and (d) advice for the researcher in facilitating the process and for WHO in relation to the 2009 WHO global standard document.

Conclusion: Ongoing communication with faculty before and during a curriculum revision process can yield valuable insight for the success of the project. Although faculty felt a curriculum revision process based on the 2009 WHO document was difficult and time consuming, there was a strong perception of benefits not only for the nursing profession but also for improved quality of care for the Indonesian population.

Clinical Relevance: All nations of the world are being urged to comply with the 2009 World Health Organization global standards for initial nursing education. Understanding

faculty perspectives regarding resources to facilitate and obstacles to overcome will optimize project outcomes.

Key words: standards, global, international, nursing, education, Indonesia, World Health Organization, curriculum reform, curriculum revision, qualitative research.

Indonesian Nursing Faculty Participating in Curriculum Reform Utilizing 2009 World Health Organization Global Standards

Prior to the 2009 World Health Organization (WHO) publication of the “Global Standards for the Initial Education of Professional Nurses and Midwives”, there were no international standards for basic nursing education. With the advent of global nursing shortages, international nurse recruitment, and nurse migration, variances in nursing practice and education have become apparent (Thobaben, et al., 2005a; Thobaben, Roberts, French, & Tallberg, 2005b) culminating in the release of the 2009 WHO Global Standards document. Standardization of curricula and quality of nursing programs are essential to ensure nurses practicing anywhere in the world have the knowledge and initial competencies necessary to provide comprehensive and safe care.

Background

Nursing Curricula Research

The topic of nursing curricula is well represented in nursing literature. A number of authors provided descriptions of a curriculum revision process either done within a school of nursing or in collaboration with a university in another country (Berland, 2007; Forbes & Hickey, 2009; Giddens & Brady, 2007; Giddens, Brady, Brown, Wright, Smith, & Harris, 2008; Girot, Enders, & Wright, 2005; Hull, Romain, Alexander, Schaff, & Jones, 2001). One descriptive article by Hull et al. (2001) immediately drew attention by way of the provocative title, “Moving Cemeteries: A Framework for Facilitating Curriculum Revision”, implying that education reform, which invariably included

curriculum revision, could be a challenging process even for experienced nursing faculty. Forbes and Hickey (2009) provided rationale for difficulties encountered in curriculum revision including faculty resistance to change, difficulties in consensus building related to essential core content, and limitations in faculty expertise related to pedagogy and curriculum revision.

Some educators focused on a specific element of the curricula reform process such as the development of international nursing curricula, integration of global health concepts into nursing curricula, and concept-based curricula (Carlton, Ryan, Ali & Kelsey, 2007; Giddens et al., 2008; Sochan, 2008). Hegarty, Walsh, Condon and Sweeney (2009) discussed the imperative for relevancy as faculty looked to the future of nursing education. Thobaben et al. (2005a) and Thobaben et al. (2005b) reported on nursing education within specific countries, describing and comparing education with the inclusion of historical facts and nursing education's evolution within those countries.

Nursing and Nursing Education in Indonesia

Research studies that originated from Indonesia explored nursing workforce volume and nurse/population ratios (Barber, Gertier, & Harimurti, 2007; Heywood & Harapan, 2009); while other researchers also examined the role and competencies of practicing nurses (Hennessy et al., 2006a; Hennessy, Hicks, Hilan, & Kawonal, 2006b; Shields & Hartati, 2003). Hennessy et al. (2006a) noted that current challenges in Indonesia are multi-factorial and include the following: inconsistencies in education and role responsibilities, lack of job descriptions, assessment of nursing performance by non-nursing personnel, inconsistent regulatory standards for nursing education and the absence of a Nurse Practice Act. Three studies explored the educational preparation and

experiential base of Indonesian nursing faculty observing that faculty frequently entered educator roles with little or no teaching or clinical experience, or knowledge of health care issues. (Barber et al., 2007; Hennessy et al., 2006a; Shields & Hartati, 2003).

Initial nursing education within Indonesia is now offered via diploma or baccalaureate nursing programs, the majority of which are diploma. Standardization of nursing curricula and accreditation have been encouraged by the Indonesian government since 1999, but are not yet mandated for all types of nursing programs (Hennessy et al., 2006a; Pak Kusman Ibrahim, personal communication, 2011) Many Indonesian nurses currently in the workforce were educated in secondary (high-school) school settings or diploma nursing programs. These programs had been the norm prior to the 21st century.

Government efforts are underway to achieve curriculum congruency with the WHO 2009 Global Standards document, including a shift to 100% baccalaureate degree level for initial preparation of professional nurses. Goals of the government project from which this research evolved included: (a) assessment of nursing curricula compared to WHO Standard III that includes 18 applicable criterion for nursing curricula, (b) identification of current curriculum components incongruent with 2009 WHO Global Standards document, (c) formulation of a plan of action with timeline to achieve congruency with the WHO document, and (d) a qualitative research study investigating the lived experience of Indonesian nursing faculty throughout the revision process (Pak Asijikin Iman Dachlan, personal communication, 2012).

Nursing education oversight is currently regulated by two government agencies: (1) Ministry of Health (MOH) oversees Polyteknik 3-year diploma nursing programs, and (2) Ministry of Education and Culture (MoEC), which oversees remaining diploma and

all baccalaureate programs (Pak Kusman Ibrahim, personal communication, 2012). Two nursing organizations also have a voice regarding Indonesian nursing education and practice, the Asosiasi Institusi Pendidikan Ners Indonesia (AIPNI) and Persatuan Perawat Nasional Indonesia (PPNI).

Beginning in 2013, there are plans for all new graduates to pass a mandatory national exam before receiving licensure to practice nursing within Indonesia. Current issues being addressed in relation to this exam include whether separate exams are needed (diploma, baccalaureate and nursing specialty graduates), development of a test question bank, and revision of education programs to incorporate critical-thinking style questions throughout nursing curricula (Pak Kusman Ibrahim, personal communication, 2012).

Qualitative curriculum revision studies

Several researchers (Bulut, 2007; Conrad, 2004; Ha, Wong, Sum, & Chan, 2008) used a qualitative approach after curriculum revision to examine faculty implementation experiences. Studies in Turkey (Bulut, 2007) and Hong Kong (Ha et al.'s, 2008) focused on curriculum reform which originated from higher authorities, including governmental bodies, with the expectation that educators implement the changes. Lillevang, Bugge, Beck Joost-Rethans, & Ringsted's (2009) research conducted in Denmark involved guidelines for writing curricula. Although their study involved Denmark medical specialties, it yielded findings which have relevance for nursing curriculum revisions. The curriculum revision process was quite difficult and participants did not have needed support. Faculty stated the curriculum change was positive, but the process could have been improved with more open dialogue to facilitate the process.

No studies were located that explored nursing education reform utilizing the 2009 World Health Organization Global Standards for the Initial Education of Professional Nurses and Midwives (WHO, 2009). The purpose of this study was to understand the lived experience of Indonesian nursing faculty as they participated in a curriculum revision based on the 2009 World Health Organization Global Standards.

Methods

Design and Setting

A mixed descriptive and interpretive phenomenological qualitative research approach was utilized for this study. The study was conducted in the western part of the island of Java, Indonesia. Four nursing programs were chosen by the Indonesian government to participate in the project to assess congruency of current nursing curricula with the 2009 WHO Global Standards document. The programs included both private and government diploma and baccalaureate nursing programs, representative of the types of programs currently utilized in Indonesia.

Ethical Considerations

Investigational Review Board (IRB) approval (Appendix A) was obtained from the University of Texas at Tyler. The four Indonesian nursing programs did not require additional IRB approval. Participants provided written informed consent (Appendix B and C) and were assured the study was strictly voluntary. Anonymity was protected by means of an identification number. All focus group members were asked to hold in confidence all content which could be traced back to an individual to assure no breeches of confidentiality.

Sample

A purposive sampling technique was used to select nursing faculty as participants in a focus group at each of the four nursing programs. The groups met two times and included 8 to 10 faculty members with knowledge of course content and representative of all program levels.

Inclusion criteria included: (a) a faculty member at a nursing school chosen by the government, (b) fluency in Indonesian or English, (c) native Indonesian, (d) didactic or clinical nursing faculty member, and (e) an active participant in the curriculum revision process. Exclusion criteria were: (a) initial nursing education obtained from outside the country of Indonesia, and (b) employment only in an administrative position. The sample included 37 participants; 92% (34) of whom were female with an average age of forty-four. The majority (30) held a Master's degree, 3 had obtained a PhD and several were currently enrolled in PhD programs. The mean number of years as a nursing professor was 11 to 15 years, but ranged from 1 year to 30 years. Twenty-nine (78%) of the participants had attended at least one workshop or course on curriculum development.

Data Collection

Data collection began December 2011 and ended July 2012. The one to one and one-half hour long focus groups were conducted in the Indonesian language, the preference of the participants. The researcher is fluent in Indonesian. Audio-taped sessions were transcribed verbatim into Indonesian with subsequent translation into English by an Indonesian bilingual professional nurse who obtained her baccalaureate nursing degree in the United States. A modification to the originally-planned methodology was necessary to complete the project. A pre-revision session, a mid-

revision and a near-end revision session were planned. Because of the 10-month duration of the Fulbright Scholarship, the mid-revision session was eliminated. In addition, the approach to curriculum evaluation was revised as the project unfolded. Faculty expressed confusion about interpretation and application of the WHO criterion in the cultural context of nursing education in Indonesia. Therefore, curriculum evaluation was completed collaboratively with the researcher rather than independently by faculty.

Participants completed a demographic form (Appendix D and E) before the first focus group session. The researcher then became the instrument for data collection throughout the focus groups, using a semi-structured interview guide (Appendix F). Questions (Appendix G) for the near-end revision focus groups sessions were developed in response to themes that emerged from the pre-revision groups. An effort was made to remain flexible throughout the interview process to facilitate free-sharing among participants. Field notes were taken by a faculty member who agreed to assume the role of research assistant.

Data Analysis

van Manen's (1990) descriptive and interpretive three-pronged thematic approach to phenomenologic research was used for data analysis. The initial step involved an investigation of the lived experience by way of a holistic review of the complete word-by-word transcript to capture meanings. The researcher then expressed the meaning of the holistic overview in one concise phrase. The second step involved a selective approach to the data to pull out statements or phrases that seemed essential or revealed the phenomenological experience (van Manen, 2000). These statements or phrases were highlighted. The third step involved a detailed transcript analysis of each sentence or

sentence cluster to determine what themes or meanings were revealed about the phenomenon or experience that might have been missed during the previous two steps. Multiple readings during the analysis process facilitated the researcher's ability to comprehensively extract themes and meanings from the transcripts. Writing of the themes involved interpretation by the researcher of the participants' lived experience. A qualitative research software program NVivo9 was utilized for the analysis process.

Trustworthiness of the data was achieved in several ways. Reflexive journaling was initiated by the researcher before data collection began in order to acknowledge and deliberately hold knowledge, experience and feelings at bay as one examines the phenomenon from a new perspective (van Manen, 1990). Transcripts in both Indonesian and English were verified by the researcher and faculty participants from each nursing program to assure accuracy of content (van Manen, 1990). Confirmability was achieved through expert oversight by an experienced PhD prepared qualitative researcher who reviewed the coding process.

Findings

Curriculum review outcomes will be discussed in detail in a future manuscript. Of note, congruency was found in areas of: (a) balance between theory and practice, (b) curricula that delivers knowledge and skills needed to meet population needs, (c) recognized approaches to active learning, including simulation (d) competency-based learning, (e) a paradigm shift to critical thinking, and (f) regular evaluations of curricula and learning outcomes. Criteria only partially or not yet achieved included: (a) curricula designed around workforce planning flows, (b) curricula designed to meet professional regulatory requirements of practice (due to lack of a Nurse Practice Act in Indonesia), (c)

use of e-learning, (d) obtain and use evidence-based research, (e) multi-disciplinary content and learning activities, and (f) adequate numbers of clinical learning sites/experiences.

Four major themes emerged from the pre-revision and near-end revision focus groups: (a) perceptions/feelings about curriculum revision, (b) past and current experience with curricula revision, (c) perceptions regarding the WHO curriculum revision process (benefits, obstacles and resources to facilitate), and (d) advice (for the researcher in facilitating the revision process and for WHO in relation to the 2009 WHO global standard document). These themes are presented in the following section.

Perceptions/Feelings about Curriculum Revision

Perceptions about curriculum revision were expressed in both the pre-revision and near-end revision focus groups. Terms expressed by groups at both points in time included “time-consuming”, “difficult”, “challenging”, “improvement”, “process that involves teamwork”, and “necessary to meet the needs of the stakeholders and the needs of nursing”. Using a metaphor, one faculty member stated,

Curriculum is a vehicle, transporting competency from an input delivered to become an output so the outcome can be measured by the user. And the only vehicle is the curriculum; we pay attention to the others as supportive measures for the smoothness of the function of this vehicle. As a vehicle, of course it needs a parameter. . .secure, safety, whoever is the passenger in it, whether (it) is the leaders, then faculty, students, all must feel secured. And, of course, as a vehicle, all have the same destination.

Negative feelings were also terms expressed in the pre-revision focus group when thinking about curriculum revision. Terms included “frustration”, “uncomfortable”, “ambivalence as to whether the right changes were made and were evidence-based”.

General consensus from both groups at both data points was that curriculum revision was well worth the effort if there were improvements that took the education program in a better direction, producing better graduates. It did not appear that feelings or perceptions regarding curriculum revision changed in any way throughout the process.

Curricula Revision Experiences

Previous experience and education regarding curriculum revision varied from no experience or education to experience with multiple revisions and attendance at a variety of workshops. Most workshops had been held within the past six years. All nursing programs had recently changed or were in the process of changing from traditional, classical didactic lectures to competency-based curriculums with the incorporation of active-learning strategies.

A variety of sub-themes were expressed during these discussions including benefits of previous curriculum revisions, previous experiences, facts regarding curriculum revision, and problems encountered. When discussing benefits, one faculty member verbalized:

So often we get caught up in the day to day teaching and activities that we forget to look at the big picture. When you do a curriculum revision, it causes you to look at the whole program, and to really focus on being a nursing school, and how all the bits and pieces fit together.

One observation that was shared about curriculum revision focused on the need for clarity:

It can be extremely frustrating if you don't know what the target is, if it's not clear what the purpose of the revision is, or whose guidelines or recommendations you are following. That's when it becomes frustrating.

Problems encountered with previous curriculum revision processes fell into the categories of: (a) disparities in what they were being asked by different government

entities, (b) disagreements among faculty related to the revision process, and (c) lack of research and evaluation to ascertain whether desired outcomes were achieved. The lack of research or evaluation sometimes left faculty with a negative perception of what they were being asked to do. One faculty member stated:

Curriculum revision in our diploma program makes us feel uncomfortable. Why? . . . with the previous curriculum, graduates are more skillful, better ability, and their knowledge is almost the same as the baccalaureate graduates. But with the new curriculum revision, where the diploma program is expected to be just a vocation, only limited to the skills, as priority, the biggest portion, while the knowledge is limited. So we feel like our graduates are limited, actually they can achieve this, now only this.

One faculty member voiced concern regarding a shift to and evaluation of a competency-based curriculum:

Next, we did a shift from the classical teacher-centered curriculum to a competency-based curriculum (CBC). Even at that, we don't have a structured evaluation if the current curriculum with CBC and student-centered learning, which requires a lot of effort and everything else, is successful, effective and efficient.

Curriculum Strengths, Weaknesses and Challenges

Curriculum strengths included active-learning processes, highly motivated faculty striving for quality, government support for competency-based learning, comprehensive holistic content and the uniqueness of nursing curricula which separates the profession from other health care disciplines. Curriculum weaknesses and challenges included difficulties in achieving an adequate number of clinical sites and patients for students, disparities between evidence-based educational content and actual practice within clinical settings, challenges of accommodating educational needs of transition students, placement of content within curricula, content overload, varying abilities of faculty related to curriculum knowledge and teaching methodologies, budgetary concerns

related to sufficient classrooms, reference materials, skills lab supplies, heavy workloads for faculty and students, and being asked to teach course content outside of expertise. Faculty also recognized the possible existence of resource disparities between urban and rural schools of nursing.

A unique problem raised by Indonesian nursing faculty was a concern about extra daily fees imposed upon students by clinical sites. Faculty perception was that this amounted to significant extra expense for already financially-burdened students.

Perceptions Regarding the WHO Curriculum Revision Process

Perceptions regarding the WHO curriculum revision process were discussed in both pre-revision and near-end revision focus groups. Sub-themes which emerged included perceived benefits, obstacles, and resources that could facilitate the revision process.

Perceived benefits. Various opinions were voiced regarding benefits derived from a curriculum revision based on WHO Global Standards. Faculty believed that a curriculum revision should result in benefits for the students, faculty, stakeholders and the population served:

A benefit would be their ability (graduates) to be acknowledged internationally, because the curriculum used is a standard (curriculum) . . . internationally. So the expectation is hopefully our nurses can have a competency that is acknowledged . . . especially (by) developed countries.

One participant added, “The purpose (of comparing current curricula to the WHO document) is only one, which is to improve the quality of nursing in Indonesia”.

Benefits in collaborative relationships between nurses and physicians were also perceived as positive outcomes from the curriculum revision.

What is expected from this revision is that graduates of nursing, in the hospital can be partners with doctors at the hospital. Unlike now, nurses are considered lower than the doctors, especially in hospitals. . . . so they (doctors) have abilities and knowledge in the field of medicine and (we) specifically in nursing.

Positive perceptions expressed by participants regarding the benefits included satisfaction, happiness, hope, optimism and motivation that the WHO Standards could be implemented in Indonesia. The revision was welcomed. These perceptions were balanced, however, with concern and feelings of frustration that it would be a long, challenging process which could include many obstacles that would need to be overcome.

Obstacles. Obstacles to implementation of the 2009 WHO curriculum standard included: (a) lack of an Indonesian Nurse Practice Act which results in vague definitions of nursing practice and creates confusion for nurses and other health care professions, (b) disparities in what is being requested by governmental branches and nursing organizations regarding the direction of nursing education, (c) insufficient research regarding the role of the nurse, required competencies, in addition to whether implementation of competency-based curricula is achieving the quality outcomes desired, (d) faculty resistance to a curriculum revision, (e) insufficient funding and infrastructure to address needs such as adequate classrooms, reference materials, internet access, full-text research articles, skills lab supplies, (f) consultant personnel who are not readily available and knowledgeable to educate nursing faculty and facilitate a curriculum revision process, and (g) insufficient time to understand the revision process and implement a new curriculum with necessary feedback.

Resources. Resources to facilitate curriculum revision fell into categories of people, documents, and strategies. There were three subcategories related to people: (a) faculty who were truly “socialized” (who understood) to the purpose of the revision and

were vested in making the revision successful, (b) knowledgeable consultant(s) to provide education, guidance, feedback, and research facilitation, and (c) governmental departments, nursing organizations, and other stakeholders (hospitals, clinics, etc.) who collaborated and reached consensus related to nursing education and employment of the professional nurse.

Documents. The second subcategory of resources was documents or materials to educate faculty about the WHO criteria or curriculum components. In the case of this research, the major document was the 2009 WHO Global Standards for Initial Education of Professional Nurses and Midwives. Other documents might include a template, examples of implementation, tools to facilitate the revision process, books about curriculum revision and change process.

Strategies. The last subcategory of resources was strategies to ensure success and included: (a) adequate infrastructure (funding, classrooms, materials, etc.), (b) involvement of stakeholders prior to implementation of the revision process, (c) implementation of a pilot project prior to taking the revision nation-wide, (d) workshops and seminars to teach faculty about the 2009 WHO document and components for the curriculum revision, and (e) use of faculty small-group work to develop the revision plan.

Regarding achievement of agreement, participants stated,

I think this curriculum revision process needs to be thought out carefully between PPNI (nursing organization), the Ministry of Health, the Ministry of Education and perhaps WHO where they all sit down together. Because, often times, in developing a curriculum, it is just a meeting between a few sides.

Although there were mixed opinions regarding use of large groups versus small groups for revision work, the majority expressed a preference for small-group work. In

small groups, the members felt free to express their opinions; while in a large group, people were sometimes shy or unwilling to express their opinions.

Advice

Advice from focus group participants fell into two categories. The pre-revision focus groups shared advice for the researcher as she facilitated the revision process, and the near-end revision groups shared advice they wanted to convey to the World Health Organization regarding their 2009 Global Standards document.

Advice for the researcher/revision facilitator. Advice for the researcher/revision facilitator fell into the categories of: (a) how the curriculum revision should be taught, (b) importance of evaluation and feedback, and (c) prior endorsement and support for the curriculum revision from all governmental, nursing and stakeholder (including local) organizations that either directly have a voice in nursing education or are impacted by nursing education: “. . . often times, there is a discrepancy from the government with the professional organization, whether it is regarding the competency or many other things related to nursing. So . . . socialization (understanding) between the policy makers, especially, then an agreement”.

Another participant stated,

I feel, to do a revision, the most important is orientation. So our active involvement during the orientation period of that change is the key to success of that revision. If all teachers are involved in the curriculum revision orientation, then actively involved in the orientation process, so that they understand the meaning of the revision, the benefits of the revision (and) . . . the outputs that will be produced from that revision (will come from the team). If we all understand, surely (it) will be very easy for us to do the revision.

Feedback and evaluation were stressed in the following comment:

And that's why, again it comes back to the idea of what helps you with the curriculum revision; it's people because it's easier to clarify. It's that immediate feedback, so that you don't put lots of work into it, and then find out you did it wrong and have to redo it.

Advice for the World Health Organization (WHO). Advice for WHO fell into four categories: (a) development of a relationship between WHO with Indonesian decision-making entities, (b) a consultant to facilitate and evaluate the curriculum revision, (c) consideration given to cultural and spiritual beliefs when carrying out the curriculum revision, (d) assistance with capacity building of faculty in the arenas of on-going education and research projects.

In addition to a strong link with government oversight departments, there was also verbalization of the need to have strong ties with the nursing organizations such as AIPNI, such as, “. . . it's better for WHO to have a strong bond with AIPNI, Association of Nursing Education Indonesia. Because whatever AIPNI socializes (understands) or gives (promotes). . . (it) is usually obeyed fast by nursing institutions in Indonesia”.

Regarding a consultant to facilitate the process, one participant said,

So there (should be) a consultant for nursing education in Indonesia from WHO, where they could be monitoring, evaluating at regular intervals the extent of progress which has been achieved from the institution implementing this revision. . . because each institution needs (a) different kind of help.

Importance placed on culture and spiritual beliefs were cited as necessary components of nursing curricula:

We from Indonesia have actually believed we are well aware of the cultural richness, continuing also in the implementation of the quality of life improvement in the community, health aspects of the matter . . . culture will be the most important aspect and priority.

Another participant added, “So instead of emphasizing only on technology and human resources aspects of nature which are temporal, but the cultural aspect, which from the beginning until now will not be lost”.

Discussion

Findings from this current study mirrored findings reported from previous curriculum revision studies. Terms used by Indonesian faculty to describe a curriculum revision process included “time-consuming”, “difficult”, “challenging” which replicated the findings of Forbes and Hickey (2009) and Hull et al. (2001). Areas that proved challenging were also identical or similar to findings from previous studies, including resistance to change and limitations in faculty expertise related to pedagogy and curriculum reform (Forbes and Hickey, 2009).

Faculty perceived a variety of obstacles in successfully conducting a WHO curriculum revision. Curriculum revision should be preceded by an extensive literature review (Forbes & Hickey, 2009) to assure the inclusion of current and relevant educational research findings. Such a review necessitates access to full text research documents which was problematic for most nursing faculty throughout Indonesia at the time of this study. Educational programs and faculty also must have access to necessary tools which include evidence-based research, capacity building to address knowledge deficits which might include but not be limited to education in active learning methodologies, change process, and the process of curriculum revision. Based on participant feedback, there was also a perceived need for at least one experienced consultant who is readily available throughout the process to provide timely feedback, instruction, and assistance. This could help to ensure accurate understanding and

application by the participants of WHO standards and criterion within the Indonesian cultural context.

Challenges identified by researchers in Indonesia during the first decade of the 21st century (Hennessey et al. 2006a; Hennessey, Hicks, Hilan & Kawonal, 2006b; Shields & Hartati, 2003) were still identified as significant challenges for nursing and nursing education in this study. These included inconsistent regulatory standards, lack of a Nurse Practice Act, paucity of research defining the role of the professional nurse in Indonesia, government oversight by multiple departments, and standardization of nursing curricula still 'in process'.

Several salient comments made by Indonesian faculty participants expressed the perception that success of a curriculum revision based on WHO criteria would depend upon collaborative involvement of key decision makers. Indonesian faculty felt that the absence of even one of these entities prior to and throughout the curriculum revision process could result in a major slowdown or failure for implementation of the WHO Global Standards. They expressed a need for consensus and support to achieve optimal revision outcomes. Key decision makers were identified as a WHO representative or consultant, government departments that represent nursing education and workforce entities, nursing organizations, academic administrators and faculty, stakeholders and customers utilizing nursing services.

Perhaps the most critical need mentioned by participating faculty was a Nurse Practice Act to define the role of the professional nurse and thus guide nursing education. Along with the Practice Act was the need for ongoing research to ascertain required

competencies utilized in the variety of nursing roles and outcomes to be achieved through nursing practice.

A project with several representative nursing programs was an excellent way to begin the 2009 WHO curriculum revision. Faculty reiterated in the near-end revision sessions the preference for small groups such as a focus group to help facilitate a curriculum revision process. This finding would appear to affirm statements from faculty who participated in Lillevang, Bugge, Beck Joost-Rethans, & Ringsted's (2009) research that a curriculum revision process could have been improved with more open dialogue among faculty to facilitate the process.

Interestingly, strengths and weaknesses of current curricula in Indonesia fell into patterns frequently verbalized by nursing faculty around the world, such as difficulty finding clinical sites, not enough time to fulfill all the demands of an educator role, budgetary constraints, and lack of qualified, experienced faculty. Relationships between health care professionals were also found to be problematic in Indonesia, which will present difficulties in achieving WHO global standard criteria requiring inter-professional approaches to classroom and clinical learning experiences. A paradigm shift related to health care professional roles and mutual respect for expertise must occur in order to achieve optimal professional and patient outcomes.

This study has major implications not only for Indonesia, but also for any country undertaking a curriculum revision based on the 2009 WHO global standards document. Findings might be used to plan and implement curriculum revision by other nursing programs or countries, enhance the understanding of what the revision might entail, and optimize the process and outcomes of the revision. Obstacles identified in this study

could be anticipated as potential obstacles to avoid or proactively address in order to enhance success of a 2009 WHO curriculum reform. Future research with other populations of nurse faculty in other countries could provide data for validation of these findings.

Limitations of this study include the relatively small number of schools that participated in the study from the western portion of the main Indonesian island of Java. A sample of schools from the outlying islands of Indonesia might have resulted in different factors and experiences. Faculty participants also might have felt more comfortable in sharing with an Indonesian peer rather than a researcher from a different country. Participants did, however, appear to freely verbalize their opinions and voiced pleasure at being part of focus-group discussions. Another limitation is the inexperience of the researcher; however, this was addressed by expert oversight of experienced PhD-prepared qualitative researchers who guided this study.

Conclusion

Throughout this study, Indonesian nursing faculty shared perceptions of their lived experience while participating in a curriculum reform utilizing the 2009 WHO Global Standards for the Initial Education of Professional Nurses. Several themes emerged that reflected their experience including perceptions and feelings about, past and current experience with curricula revision, and perceptions regarding the WHO curriculum revision process including benefits, obstacles and resources.

This study highlights the value of ongoing communication with and input from faculty, resources that might assist in positive outcomes and the importance of cultural context during curriculum revision involving global standards. Global standards for

initial education of professional nurses are imperative for the health of mankind in the 21st century; however, each nation's journey to achieve that goal will be slightly different and will require thoughtful consideration of the viewpoint of the nursing faculty at the focal point of that change.

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Chapter 4 – Summary and Conclusions

The purpose of this research study was to understand the lived experience of Indonesian nursing faculty as they participated in a curriculum revision based on the 2009 World Health Organization Global Standards. Four major themes emerged from the pre-revision and near-end revision focus groups which impact the revision process: (a) perceptions/feelings about curriculum revision, (b) past and current experience with curricula revision, (c) perceptions regarding the WHO curriculum revision process (benefits, obstacles and resources to facilitate), and (d) advice (for the researcher in facilitating the revision process and for WHO in relation to the 2009 WHO global standard document). These findings fill a gap in the literature and provide data for those conducting a curriculum revision process, such as a revision using the 2009 WHO global standards document, which can facilitate and optimize the success of the project.

Recommendations

Findings from this research provide an understanding of the lived experience of Indonesian faculty participating in a nursing education reform based on the 2009 WHO global standards for initial nursing education. This research yielded rich data to guide implementation of future curriculum revision within Indonesia to achieve congruency with the 2009 WHO global standards document. It also informs other universities or countries who attempt to implement the 2009 WHO global standards. Others will likely experience different issues during implementation of a WHO revision project; however, many of the benefits, obstacles and resources to facilitate the process are similar. Findings might be used to plan and implement curriculum revision by other nursing programs, enhance the understanding of what the revision might entail, and optimize the

process and outcomes of the revision. Future research with other populations of nurse faculty in other countries could provide data for validation of these findings.

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Appendix A - IRB

The University of Texas at Tyler

Institutional Review Board

October 3, 2011

Dear Ms. Edwards:

Your request to conduct the study *The Lived Experience of Indonesian Nursing Faculty Participating in a Nursing Education Reform Based on the 2009 World Health Organization Global Standards: A Phenomenological Study* #F2011-15 has been approved by The University of Texas at Tyler Institutional Review Board. This approval includes the written informed consent that is attached to this approval letter. Please use this consent for your participant signatures. Please verify consent through participant verbal descriptions of the research study, voluntary nature of participation, their role and time commitment, and risks. Also, please ensure that any translations of the consent are back translated and that the final English and Indonesian versions are equivalent in meaning and content. Any research assistants or co-investigators must have completed human protection training within the past three years and need to have forwarded their certificates to the IRB office (G. Duke).

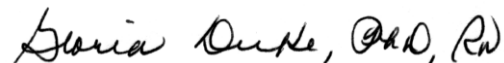
Appendix A (Continued)

Please review the UT Tyler IRB Principal Investigator Responsibilities, and acknowledge your understanding of these responsibilities and the following through return of this email to the IRB Chair within one week after receipt of this approval letter:

- This approval is for one year, as of the date of the approval letter
- Request for Continuing Review must be completed for projects extending past one year
- Prompt reporting to the UT Tyler IRB of any proposed changes to this research activity
- Prompt reporting to the UT Tyler IRB and academic department administration will be done of any unanticipated problems involving risks to subjects or others
- Suspension or termination of approval may be done if there is evidence of any serious or continuing noncompliance with Federal Regulations or any aberrations in original proposal.
- Any change in proposal procedures must be promptly reported to the IRB prior to implementing any changes except when necessary to eliminate apparent immediate hazards to the subject.

Best of luck in your research, and do not hesitate to contact me if you need any further assistance.

Sincerely,



Gloria Duke, PhD, RN

Chair, UT Tyler IRB

Appendix B – Consent to Participate (English)

**THE UNIVERSITY OF TEXAS AT TYLER
Informed Consent to Participate in Research**

Institutional Review Board # F2011-15

Approval Date: October 3, 2011

- 1. Project Title:** The Lived Experience of Indonesian Nursing Faculty Participating in a Nursing Education Reform Based on the 2009 World Health Organization Global Standards: A Phenomenological Study
- 2. Principal Investigator:** Joan E. Edwards
- 3. Participant's Name:**

To the Participant:

You are being asked to take part in this study at The University of Texas at Tyler (UT Tyler). This consent form explains why this research study is being performed and what your role will be if you choose to participate. This form also describes the possible risks connected with being in this study. After reviewing this information, you should be able to understand and make an informed decision on whether you want to take part in this study.

4. Description of Project:

Your program is one of several nursing schools that have elected to participate in a revision of your curriculum based on the recent WHO Global Standards for Initial Professional Nursing Education. The purpose of this study is to understand your experience as an Indonesian nursing faculty member participating in this curriculum revision. Information learned from this experience may be used by other nursing programs in Indonesia and other countries around the world.

5. Research Procedures

If you agree to be in this study, you will asked to do the following things:

Twenty-four people will be recruited for this study. There will be three groups of participants, one group from each nursing program electing to participate in this project. The focus group at each school will consist of up to a maximum of eight faculty members. Each focus group will meet three times for 1 ½ to 2 hours over the next eight

Appendix B (Continued)

months. If you decide to participate, you will:

- Answer questions about yourself and your nursing career.
- Participate in three audio-taped focus groups with up to seven other volunteer faculty from your school before the curriculum revision process begins, part way through and at the end of the process. You will be asked to share your experience of participating in the curriculum revision process.
- Meet with the researcher as needed throughout the process to confirm her understanding of your experience.

6. Side Effects/Risks

Possible risks include:

- Emotional and physical fatigue.
- Frustration if you find the revision process difficult to do.
- Lack of privacy related to comments you make in the group.

You may choose not to answer a question or stop at any time. If you need a break, are not feeling well, become tired, or need to leave the focus group, you may do so at any time. There is a risk that your comments may be communicated to your employer. If this is a personal concern that keeps you from sharing a comment within the group, you are invited to contact the researcher either via email or phone at any time to share information that you are uncomfortable sharing in the group setting. The researcher will not communicate to administrators any comments that could be traced back to specific faculty members. Participants will be reminded before and after each session the importance of keeping private any comments made within the focus group sessions that could be connected to a specific participant.

If you have any concerns please contact the principle investigator. Contact information are listed at the end of this consent.

Identifiable risks have been listed, however unpredictable risks may exist.

7. Potential Benefits

Your involvement in this study may not provide you a direct benefit; however your perceptions and insights may benefit other Indonesian faculty involved in future 2009 WHO curriculum revision processes. You also may gain satisfaction you may feel from sharing your perceptions and insights. Your contributions may benefit nurses within your country and those in other countries undergoing curriculum revision.

Appendix B (Continued)

Understanding Of Participants

8. I have been given an opportunity to ask any questions concerning this research study and the researcher has been willing to answer my questions.

9. If I sign this consent form I know it means that:
 - I am taking part in this study because I want to. I chose to take part in this study after having been told about the study and how it will affect me.
 - I know that I am free to not participate in this study and that if I choose to not participate, then nothing will happen to me as a consequence.
 - I know that I have been told that if I choose to participate, that I can stop being a part of this study at any time. I know that if I do stop being a part of the study, then nothing will happen to me.
 - I will be told about any new information that may affect my willingness to continue participating in this study.
 - The study may be changed or stopped at any time by the researcher or by The University of Texas at Tyler.
 - The researcher will gain my written consent for any changes that may affect me.

10. I have been assured that my name will not be revealed in any reports or publications resulting from this study without my expressed written consent.

11. I also understand that any information collected during this study, including any health-related information, may be shared with the following as long as no identifying information as to my name, address, or other contact information is provided):
 - Organization contributing money to be able to conduct this study
 - Other researchers interested in combining your information with information from other studies
 - Information shared through presentations or publications

Appendix B (Continued)

12. I understand The UT Tyler Institutional Review Board (the group that ensures that research is done correctly and that measures are in place to protect the safety of research participants) may review documents that have my identifying information on them as part of their compliance and monitoring process. I also understand that any personal information revealed during this process will be kept strictly confidential.
13. I have been told of and I understand any possible expected risks that are associated with my participation in this research project.
14. I also understand that I will not be compensated for any patents or discoveries that may result from my participation in this research.
15. If I have any questions concerning my participation in this project, I shall contact the principal researcher: Joan E. Edwards, doctoral nursing student at the University of Texas at Tyler at 081287379483.

You may also contact her Dissertation Committee Chair, Dr. Beth Mastel-Smith, at The University of Texas at Tyler at 713-416-5690.

Or Dissertation Committee Member, Dr. Kusman Ibrahim at the University Padjadjaran, Bandung, Indonesia, at 081321281117.

16. If I have any questions concerning my rights as a research subject, I shall contact Dr. Gloria Duke, Chair of the IRB, at (903) 566-7023 or the University's Office of Sponsored Research:

The University of Texas at Tyler
c/o Office of Sponsored Research
3900 University Blvd
Tyler, TX 75799

I understand that I may contact Dr. Duke with questions about research-related injuries.

Appendix B (Continued)

17. CONSENT/PERMISSION FOR PARTICIPATION IN THIS RESEARCH STUDY

Based upon the above, I consent to taking part in this study as it is described to me. I give the study researcher permission to enroll me in this study. I have received a signed copy of this consent form.

Signature of Participant

Date

Witness to Signature

- 18.** I have discussed this project with the participant, using language that is understandable and appropriate. I believe that I have fully informed this participant of the nature of this study and its possible benefits and risks. I believe the participant understood this explanation.

Researcher/Principal Investigator
Joan E. Edwards, PhD(c), RNC, CNS

Date

UNIVERSITAS TEXAS DI TYLER

Surat Persetujuan Partisipasi Penelitian

Dewan Pengkajian Institusi #

Tanggal Persetujuan:

- 1. Judul Penelitian:** Pengalaman Dosen Keperawatan Indonesia ketika Berpartisipasi dalam Pembaharuan Pendidikan Keperawatan berdasarkan Standar Organisasi Kesehatan Dunia (WHO) tahun 2009: Sebuah Studi Fenomenologis
- 2. Peneliti Utama:** Joan E. Edwards
- 3. Nama Peserta:**

Kepada Peserta:

Anda diminta untuk ikut serta dalam sebuah penelitian yang diadakan oleh Universitas Texas di Tyler (UT Tyler). Formulir persetujuan ini menjelaskan alasan penelitian ini diadakan serta peran Anda jika bersedia menjadi peserta. Formulir ini juga menjabarkan resiko yang mungkin muncul sehubungan dengan penelitian ini. Setelah mengkaji informasi ini, seyogyanya Anda dapat memahami dan memutuskan secara bijaksana apakah Anda hendak turut serta dalam studi ini.

4. Deskripsi Penelitian:

Program studi keperawatan anda merupakan salah satu diantara beberapa sekolah/program studi keperawatan yang telah terpilih untuk berpartisipasi dalam revisi kurikulum berdasarkan Standar WHO yang baru-baru ini ditetapkan untuk Pendidikan Keperawatan Profesional Tingkat Awal. Penelitian ini bertujuan untuk memahami secara mendalam pengalaman yang Anda lalui sebagai salah satu dosen (staf pengajar) di program studi keperawatan Indonesia yang ikut terlibat dalam revisi kurikulum tersebut. Informasi yang kami peroleh dari pengalaman Anda dapat diterapkan oleh program studi keperawatan lainnya di Indonesia maupun di negara-negara lain.

5. Prosedur Penelitian

Jika Anda setuju untuk terlibat dalam penelitian ini, Anda akan diminta untuk melakukan hal-hal sebagai berikut:

Appendix C (Continued)

Dua puluh empat orang akan dipilih untuk penelitian ini yang akan dibagi menjadi tiga kelompok. Tiap kelompok terdiri dari delapan orang staf pengajar (maksimal). Setiap kelompok diskusi akan bertemu sebanyak tiga kali selama 1,5 s/d 2 jam selama delapan bulan ke depan. Jika Anda bersedia menjadi peserta, Anda akan:

- Menjawab pertanyaan tentang diri dan karir Anda di bidang keperawatan
- Mengikuti tiga sesi kelompok diskusi yang direkam secara audio bersama dengan tujuh peserta lainnya dari program studi Anda sebelum, pada saat, dan di akhir proses revisi kurikulum. Anda akan diminta menceritakan pengalaman yang Anda alami di dalam proses revisi kurikulum tersebut.
- Jika diperlukan, anda akan ditemui khusus oleh peneliti untuk memastikan bahwa peneliti memiliki pemahaman yang benar tentang pengalaman Anda.

6. Efek Samping/Resiko:

Resiko yang mungkin timbul di antaranya:

- Kelelahan secara emosi dan fisik.
- Frustrasi, jika menurut Anda proses revisi sulit dijalankan.
- Kurangnya privasi karena membagikan pendapat di depan orang lain dalam kelompok diskusi

Anda boleh memilih untuk tidak menjawab pertanyaan atau berhenti kapan saja. Jika Anda butuh istirahat, merasa kurang sehat, merasa lelah, atau harus meninggalkan kelompok diskusi, Anda dapat melakukannya kapan saja. Ada kemungkinan bahwa komentar yang Anda lontarkan akan diteruskan kepada atasan Anda. Jika Anda keberatan tentang ini, Anda dapat menghubungi peneliti melalui e-mail atau telpon kapan saja untuk menyampaikan keberatan atau hal-hal yang Anda anggap kurang pantas atau tidak nyaman untuk dikemukakan di dalam kelompok. Peneliti tidak akan memberitahu pihak pimpinan tentang komentar yang dapat mengindikasikan pada salah satu dosen/staf pengajar yang berpartisipasi dalam group. Para peserta diskusi akan diingatkan sebelum dan sesudah setiap sesi untuk tidak membocorkan komentar apapun selama diskusi yang sifatnya dapat dihubungkan ke salah satu peserta.

Jika ada kekhawatiran lainnya, harap hubungi peneliti utama. Informasi kontak terdapat di bagian akhir dokumen ini.

Resiko yang terduga sudah disebutkan, namun resiko tak terduga tetap ada.

7. Potensi Manfaat

Keterlibatan Anda dalam studi ini mungkin tidak membawa manfaat secara langsung bagi diri Anda sendiri. Akan tetapi, pandangan dan gagasan yang Anda sampaikan dapat berguna bagi staf pengajar lainnya di Indonesia yang akan terlibat dalam

Appendix C (Continued)

proses revisi kurikulum WHO tahun 2009. Selain itu, Anda akan mendapatkan kepuasan batin karena telah menyampaikan pandangan dan gagasan Anda. Kontribusi Anda akan bermanfaat bagi para perawat di negara Anda maupun negara lain yang sedang menjalani revisi kurikulum.

Pemahaman Peserta

8. Saya telah diberikan kesempatan untuk mengajukan pertanyaan seputar penelitian ini dan peneliti telah setuju untuk menjawab pertanyaan saya.
9. Dengan menandatangani surat izin ini saya memahami bahwa:
 - Saya mengikuti penelitian ini atas keinginan sendiri. Saya memutuskan untuk terlibat dalam studi ini setelah menerima cukup informasi tentang penelitian ini serta kemungkinan dampaknya bagi saya.
 - Saya mengerti bahwa saya bebas untuk menolak terlibat dalam penelitian ini. Tidak ada konsekuensi apapun jika saya memilih untuk tidak berpartisipasi.
 - Saya mengerti bahwa saat saya sudah menjadi peserta, saya dapat berhenti kapan saja. Saya faham bahwa jika saya memutuskan untuk berhenti, tidak akan ada akibatnya.
 - Saya akan diberitahu tentang setiap informasi baru yang dapat mempengaruhi keinginan saya untuk terus terlibat dalam penelitian ini.
 - Penelitian ini dapat dirubah atau diberhentikan kapan saja oleh peneliti atau Universitas Texas di Tyler.
 - Peneliti akan meminta persetujuan tertulis dari saya apabila terdapat perubahan yang dapat mempengaruhi diri saya.
10. Saya mengerti bahwa nama saya tidak akan dipublikasikan di laporan atau publikasi apapun sehubungan dengan studi ini tanpa persetujuan tertulis dari saya.
11. Saya juga mengerti bahwa semua informasi yang dikumpulkan selama penelitian ini, termasuk yang berhubungan dengan kesehatan, dapat dibagikan kepada (selama informasi identitas seperti nama, alamat, dan informasi kontak tidak dibocorkan):
 - Organisasi penyandang dana penelitian ini

Appendix C (Continued)

- Peneliti lain yang hendak menggabungkan informasi Anda dengan informasi dari studi lainnya
 - Informasi yang dibagikan melalui presentasi atau publikasi
12. Saya mengerti bahwa Dewan Pengkajian Institusi UT Tyler (kelompok yang memastikan bahwa riset dilaksanakan dengan benar dan bahwa upaya untuk melindungi keselamatan peserta penelitian telah dijalankan) dapat mengkaji berkas yang berisi informasi identitas saya sebagai bagian dari prosedur pengawasan mereka. Saya juga memahami bahwa informasi yang bersifat pribadi akan dijaga kerahasiaannya.
 13. Saya telah diberitahu dan mengerti tentang segala resiko yang mungkin terjadi sebagai akibat dari keterlibatan saya dalam proyek penelitian ini.
 14. Saya juga mengerti bahwa saya tidak akan diberikan kompensasi atas hak paten atau penemuan apapun yang mungkin terjadi berkat keterlibatan saya di dalam riset ini.
 15. Untuk pertanyaan tentang keterlibatan saya dalam riset ini, saya akan menghubungi peneliti utama: Joan E. Edwards, mahasiswi S3 keperawatan di Universitas Texas, Tyler, di 0812-8737-9483.

Saya juga dapat menghubungi:

Ketua Komite Disertasi, Dr. Beth Mastel-Smith di Universitas Texas, Tyler, di (713) 416- 5690.

Anggota Komite Disertasi, Dr. Kusman Ibrahim di Universitas Padjadjaran, Bandung, Indonesia, di 081321281117.

16. Untuk pertanyaan mengenai hak-hak saya sebagai subyek penelitian, saya akan menghubungi Dr. Gloria Duke, Ketua IRB, di (903) 566-7023 atau Kantor Universitas untuk Penelitian yang Didanai:

The University of Texas at Tyler
c/o Office of Sponsored Research
3900 University Blvd
Tyler, TX 75799

Saya mengerti bahwa saya dapat menghubungi Dr. Duke untuk pertanyaan tentang cedera yang berhubungan dengan penelitian.

Appendix C (Continued)

17. PERSETUJUAN / IZIN PARTISIPASI DALAM PENELITIAN INI

Berdasarkan pernyataan di atas, saya setuju untuk mengambil bagian dalam penelitian ini, seperti yang telah dijelaskan sebelumnya. Saya mengizinkan peneliti untuk mendaftarkan saya dalam riset ini. Saya telah menerima salinan dari formulir persetujuan yang telah ditandatangani.

Tanda Tangan Peserta

Tanggal

Saksi Penandatanganan

18. Saya telah membahas proyek penelitian ini dengan peserta, menggunakan bahasa yang layak dan dapat dipahami. Saya yakin bahwa saya telah menjelaskan secara lengkap tentang penelitian ini, beserta kemungkinan manfaat dan resikonya. Saya yakin peserta memahami penjelasan tersebut.

Peneliti Utama
Joan E. Edwards, PhD(c), RNC, CNS

Tanggal

Appendix D - Demographic Data (English)

Demographic Data

Participant Characteristics

How old are you? _____

Gender: (please circle) Male Female

Primary language (Indonesian or English) _____

Highest level of nursing education (Diploma, Baccalaureate, Masters, PhD)

Practical nursing experience since your initial nursing education? (mark all that apply)

_____ clinical nurse

_____ charge nurse

_____ faculty

_____ nursing administrator

Type of health care setting? (mark all that apply)

_____ clinic

_____ hospital

_____ polyteknik nursing program

_____ university nursing program

Number of years employed

_____ as a nurse professor?

_____ as a clinical educator?

_____ as a didactic educator?

Appendix D (Continued)

Name and location of nursing school from which you graduated?

City of nursing program in which you are currently employed: _____

Annual teaching salary (if appropriate to ask)

Courses and levels currently teaching: _____

Have you taken any courses or attended any conferences/workshops to study curriculum
revision?

_____ Yes

_____ No

If you responded "yes", what kind of workshop/conference and when? _____

Appendix E – Demographic Data (Indonesian)

Data Demografi

Karakteristik Peserta

Berapa umur anda? _____

Jenis kelamin: (mohon lingkari) Pria Wanita

Bahasa utama (Bahasa Indonesia or Inggris) _____

Tingkat tertinggi pendidikan keperawatan (Diploma D3, Sarjana/S1, Magister/S2,
Doktorat/PhD)

Pengalaman keperawatan sejak pendidikan keperawatan awal? (tandaai semua yang
berlaku)

_____ perawat pelaksana

_____ perawat penanggung jawab

_____ pengajar

_____ perawat administrasi

Jenis lingkungan pelayanan kesehatan? (tandaai semua yg berlaku)

_____ klinik

_____ rumah sakit

_____ program politeknik keperawatan

_____ program universitas keperawatan

Jumlah tahun selama bekerja

_____ sebagai dosen keperawatan?

_____ sebagai pendidik klinis keperawatan?

_____ sebagai pendidik didaktik?

Appendix E (Continued)

Nama dan lokasi sekolah keperawatan dari mana anda lulus?

Kota dari program keperawatam di mana anda sekarang bekerja: _____

Gaji tahunan (jika pantas untuk ditanyakan): (tidak usah jawab kalau tidak

mau)_____

Kelas2 dan tingkat yg sedang diajarkan: _____

Apakah anda sudah pernah mengambil kelas atau menghadiri konferensi/workshop untuk

mempelajari kurikulum atau revisi kurikulum?

_____Ya

_____Tidak

Jika anda menjawab “ya”, konferensi/workshop apa dan kapan? _____

Appendix F – Interview Guide – Session One

Pre-curriculum revision Implementation

| | |
|-----------------------|---|
| Introductory Question | Please tell the group your first name and a word or image that comes into mind when you think about curriculum revision? |
| Transition Question | Can you share with the group any previous experience you may have had with curriculum revision and what it was like? |
| Transition Question | For those of you who have been through a curriculum revision before, can you tell us about any support or resources you had available to you at those times? |
| Grand Tour Question | What do you anticipate being one or two of your greatest needs or important issues you will encounter when participating in a curriculum revision? |
| Grand Tour Question | What could you share that you feel are strengths or weaknesses of your current curriculum? |
| Grand Tour Question | If you could identify something (or a couple of things) that you feel would be most likely to hinder you in the process of curriculum revision, what would that be? |
| Ending Question | Based on what you know or have experienced with curriculum revision, what advice do you have that might facilitate the process? |
| Final Question | Is there anything else that anyone feels we should |

Appendix F (Continued)

have talked about today, but didn't?

Appendix G – Interview Guide – Session Two

Interview Guide: Session Two - Near-end Revision Focus Group Session

- | | |
|---------------------------------|---|
| 1. Introductory Question | “Before we began the 2009 WHO curriculum revision process, the four schools participating in this study were asked to share a word or image that came to mind to describe a curriculum revision process. Now that you have participated in a curriculum revision process, what words would you use to describe the process?” |
| 2. Grand Tour Question | “Please share your thoughts about the process we went through of revising the curriculum in accordance with the WHO standards. Also, please add any comments you have regarding how this process fit with your culture. “ |
| 3. Grand Tour Question | “One statement frequently made in the pre-revision focus group sessions was the importance of achieving improved student outcomes when doing a curriculum revision (higher grades? better nursing care?). What outcomes do you envision as a result will be achieved with this curriculum revision process?” “How might you measure these outcomes?” |

Appendix G (Continued)

4. a. Additional
Probe Question
- Some focus group members stated that it is beneficial with any curriculum revision process to have representatives from govt., nursing organizations, school administrative personnel, nursing faculty and stakeholders involved in the revision process from the very beginning. Now that you have evaluated your curriculum and initiated revision of the curriculum, do you have any further advice about involvement of these entities?
- b.
- The WHO published the standards with the intent that colleges of nursing around the world will evaluate their curriculums and align themselves with the competencies stated in the document. If, as a faculty you had decided to revise your curriculum according to WHO standards independently (without my participation), what do you think the process would have been like? Easier? Harder? The same?
- c.
- Were there any resources you felt you needed for this process that you did not have? (and wish you had had)

Appendix G (Continued)

5. Additional Probe Question
What has been the most difficult part of the curriculum revision process?
Probe: What could have been done differently to make it easier?
6. Additional Probe Question
Given we are almost done with our portion of the curriculum revision project, how do you feel about what we've done so far? (sense of accomplishment? Sense of frustration? Etc.)
7. Ending Question
“What would you say to the WHO about their standards document (mainly standard III) after having used it to revise your curriculum?”
8. Final Question
Is there anything else that anyone feels they would like to say or add?
-

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

| NAME Joan Elaine Edwards | | POSITION TITLE Associate Clinical Professor Texas Woman's University – Houston, TX | |
|---|----------------------------------|---|----------------------------|
| eRA COMMONS USER NAME PhD(c), RNC, CNS | | | |
| EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such</i> | | | |
| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | YEAR(s) | FIELD OF STUDY |
| Copley Hospital School of Nursing – Aurora, Ill. | Diploma | 1963 | Nursing |
| University of Illinois – Chicago, Ill | BSN | 1969 | Nursing |
| University of Washington – Seattle, WA | MN | 1991 | Nursing – Perinatal CNS |
| University of Texas at Tyler – Tyler, TX | PhD | 2012 | PhD |

NOTE: The Biographical Sketch may not exceed two pages:

A. Positions

Associate Clinical Professor 2002 - present
Texas Woman's University
Houston, TX

Director Women's & Childrens' Services 1997 - 2002
Kingwood Medical Center
Kingwood, TX

B. Honors

2011-2012 Fulbright Scholar – Indonesia (10 month award) working with colleges of nursing in Java, Indonesia to standardize nursing curricula for congruency with 2009 WHO global standards for initial nursing education.

2010 Spirituality in Nursing Award. Institute for Spirituality and Health. Houston, TX

2010 Redbud Award – Outstanding Faculty Mentor - TWU

2006 Redbud Award – Outstanding Mentor - TWU, Faculty Advisor

- 2005 Excellence in Nursing - Education, Good Samaritan Foundation, Houston, TX
- 2005 Redbud Award – Outstanding Faculty Advisor, Texas Woman’s University
- 2004 Redbud Award – Outstanding Faculty, Texas Woman’s University
- 2002 Nursing Excellence Award, Texas Nurses Association – District IX
- 2002 Frist Humanitarian Award, Kingwood Medical Center
- 2001 Frist Humanitarian Award, Kingwood Medical Center

C. Selected Peer-reviewed Publications (selected from 17 peer-reviewed publications)

- Edwards, J. (2011). Beyond borders: Why global health matters. *Nursing for Women’s Health*, 15(5), 419-421. DOI: 10.1111/j.1751-486X.2011.01666.x.
- Callister, L. & Edwards, J. (2010). Improving maternal health: Achieving millennium development goal #5, the improvement of maternal health. *JOGNN*, 39(5), 590 - 599. DOI: 10:111/j.1552-6909.2010.01161x.
- Edwards, J., Goodman, E., Levine, N, Ray, E., Rowen, L., Tyler, R. D., Waller, K. (2007). Roundtable Discussion: Obesity-related issues in fertility and pregnancy. *Bariatric Nursing and Surgical Patient Care*, 2(2), pp. 93-100.
- Edwards, Joan E. (2007). Pregnancy after Bariatric Surgery. *Advance for Nurses*, 9(9), 23- 29.
- Edwards, Joan E. (2006). The World Through a Woman’s Eyes. *Every Woman: The Essential Guide for Healthy Living*. pp. 8.