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A CASE STUDY OF THE
INSTITUTIONAL DEVELOPMENT OF
MOUNT CARMEL COLLEGE OF NURSING
DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Ann E. Schiele, B.S.N., M.S.

The Ohio State University
1996

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ACKNOWLEDGMENTS

Many people have contributed to the writing of this dissertation. During the process, I have become more aware of the value of the support of the many people that have made this case study possible.

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**Dream**

Only as high as I reach can I grow,

Only as far as I seek can I go,

Only as deep as I look can I see,

Only as much as I dream, can I be.
VITA

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FIELD OF STUDY

Major Field: College of Education - Department of Educational Policy and Leadership
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ABSTRACT

Since 1984, 21 specialized (single-purpose) colleges of nursing offering the bachelor of science degree in nursing have come into being in the United States. There is a lack of information regarding the organizational development and issues encountered in the development of these institutions.

This study describes and analyzes the institutional development of Mount Carmel College of Nursing according to the framework developed by Nadler, Gerstein, and Shaw (1992). The institutional design process and analysis of selected issues encountered in the transformation of Mount Carmel School of Nursing, a three-year nondegree diploma-granting institution, to Mount Carmel College of Nursing, a specialized degree-granting institution of higher education is described.

During the transformation process, the School of Nursing closed in June 1993. The College enrolled its first class in August 1990 and graduated this class of students in May 1994. North Central Association regional accreditation was received by the College in August 1994, and the nursing program received accreditation by the National League for Nursing in March 1995.

The methodological approach to this case study was based largely on the methodology suggested by Yin (1989). The case study covered the time period from 1985 to March 1995.
Analysis of the development process and related issues in the development of Mount Carmel College of Nursing caused this writer to conclude that (a) the utilization of organizational design theory and (b) the use of an appropriate organizational design model would facilitate the development process of new institutions of higher education.
CHAPTER I
INTRODUCTION

Overview

This case study describes the design process and issues associated with the development of Mount Carmel College of Nursing, a private, religion-sponsored, specialized institution of higher education. The College, which offers a bachelor of science in nursing degree, enrolled its first students in the autumn of 1990.

For over 90 years, the Congregation of the Sisters of the Holy Cross sponsored Mount Carmel School of Nursing, a diploma nursing education program. This nursing program, with a tradition of excellence in nursing education, had graduated more than 3,800 students when it closed in June 1993.

Consideration of the development of Mount Carmel College of Nursing dates back to 1970, at which time the administration of the School of Nursing met with officials of the Ohio Board of Regents (OBR) to discuss the feasibility of a College of Nursing. No apparent action was taken at that time, and no further documentation was available until 1985. It is important to note that in 1967 the Ohio General Assembly granted the OBR the authority to grant a certificate of authorization (Ohio Revised Code [ORC] §1713.02, 1994) to nonprofit institutions which met the standards for the
Certificate of authorization (ORC §1713.03). Section 1713.02 of the Ohio Revised Code (1994) states:

Certificate of Authorization

No nonprofit institution or corporation established after October, 1967, may confer degrees, diplomas or other written evidences of proficiency or achievement issued by the Ohio Board of Regents, nor shall any such institution or corporation identify itself as a "college" or "university" unless it has received a certificate of authorization from the board.

Each certificate of authorization shall specify the degree authorized to be given, courses authorized to be offered, and the sites of which courses are to be conducted within this state. A copy of such certificate shall be filed with the secretary of state of the institution so incorporated.

Any institution established or that offered a course or courses of instruction in this state prior to 10/13/67, may apply to the board for a certificate of authorization, and the board shall issue a certificate if it finds that such institution meets the requirements established pursuant to sections 1713 of ORC. (p. 5)

Further, §1713.03 of the Ohio Revised Code (1994) identified standards for the Certificate of Authorization, including minimum qualifications for faculty, library, laboratories, and other facilities as adapted and published by the OBR.
In March 1985, the President and Chief Operating Officer of Mount Carmel Health, on behalf of The Congregation of the Sisters of the Holy Cross, directed the administration and faculty of Mount Carmel School of Nursing to evaluate the diploma program and make recommendations for program change. After extensive review, the administration and faculty recommended that the school should be closed and a college of nursing should be developed, offering a bachelor of science in nursing degree. This recommendation was based on societal, higher education, and professional nursing trends, including the trend requiring the baccalaureate degree for entry into the practice of professional nursing (American Nurses Association [ANA], 1965; ANA Commission on Nursing Education, 1979). Upon the recommendation meeting the support of Mount Carmel Health administration and the faculty of the diploma nursing program, a feasibility study was begun in 1985, which concluded that the philosophical support and material and financial resources were present, and that the establishment of a Mount Carmel College of Nursing was feasible (Birch & Davis Associates, 1986).

Subsequently, the Mount Carmel Health Board of Trustees passed a resolution in the autumn of 1986 to pursue the development of Mount Carmel College of Nursing. This resolution was important in that Mount Carmel Health outlined its financial responsibility for the college. In 1987, a core committee comprised of faculty and administrators from the diploma nursing program began the development of the college of nursing. In August 1988, the development of Mount Carmel College of Nursing met with final approval by the Board of Directors of the Holy Cross Health System Corporation, the holding company of Mount Carmel Health, which was satisfied that
the organizational development of the college was moving forward and that Mount Carmel Health would assume the financial liability for the college.

Other significant dates in the evolution of the college included:

November 17, 1988.....Initial conditional approval from the Ohio Board of Nursing (OBN)

March 1989...............Appointment of the first members of the College Board of Trustees

March 15, 1990.........Certification by the Ohio Board of Regents (OBR)

August 1990.............Enrollment of the first class of 49 students

August 1991.............Achievement of candidacy status with the North Central Association of Colleges and Schools (NCA)

June 1992..................Recertification by the OBR

August 1993.............Renewal of candidacy Status with the NCA

May 1994..................Approval by the Ohio Board of Nursing

May 1994..................First commencement

August 1994.............The NCA granted 5-year initial regional accreditation

March 1995.............The National League for Nursing Board of Review granted 5-year initial accreditation

**Organizational Design - A Theoretical Perspective**

The Congruence Organizational Design Model, developed by Nadler, Gerstein, and Shaw (1992) provided the theoretical and conceptual framework for understanding...
and analyzing this descriptive case study. Galbraith (1977) believed that the “problem for organizing design is whether there was a general theory that has anything to say about a specific organization providing specific services at a specific point in time to specific clients in a specific location while employing a specific group of people” (p. 7). In his schematic of general and unique organizational aspects, Galbraith found that 50% to 75% of all design elements could be generalized to other institutions and that 25% to 50% were unique to specific organizations. This meant that organization design efforts combined the theoretical knowledge about organizations in general with design factors that were unique to the particular organization. Mount Carmel College of Nursing was not designed with a particular organizational model in mind, although those individuals creating the organization certainly had mental images of what they wanted to accomplish. The use of theory in descriptive case studies does aid in determining priorities for data collection by providing a framework for describing the scope and depth of the case study (Yin, 1993).

This researcher conducted a literature review of various organizational design models before determining that the Congruence Organizational Design Model developed by Nadler et al. (1992) would be an appropriate design model to use to generalize the description and analytic interpretation of the development process of Mount Carmel College of Nursing. Chapter IV describes the design of this new organization, Mount Carmel College of Nursing, and offers analytic insights into selected issues encountered in the transformation of Mount Carmel School of Nursing (a nondegree institution) into Mount Camel College of Nursing (a specialized degree-
granting institution). A schematic drawing of the Congruence Organizational Design Model is presented later in this dissertation.

**Statement of the Problem**

When Mount Carmel Health passed a resolution in 1986 to establish Mount Carmel College of Nursing, there was little literature available describing the development process of institutions of higher education in general and specialized colleges in particular. Colleges offering degrees only in nursing were not readily accepted by colleagues in nursing education, as evidenced by the literature (American Association of Colleges of Nursing, 1984; Amos, 1986; Fitzpatrick, 1985; Kerins, 1989; Lane, 1986). These critics claimed that students in specialized colleges did not experience the broad educational, personal, and professional opportunities available in multidegree-issuing colleges and universities. Nursing leaders perceived that nursing education programs belonged in comprehensive colleges and universities (a) where nursing students would be exposed to students and faculty from other disciplines and (b) where resources, experiences, and expertise necessary to enhance the breadth and depth of the nursing program would be available.

The Ohio Board of Regents staff requested that, as a part of a feasibility study, Mount Carmel College of Nursing administration survey the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs (hereinafter Ohio Council of Deans and Directors or OCDD) to determine their reactions to the establishment of this specialized college. Five deans and directors of nursing colleges
(from one community college, three private colleges, and one state university in and around Columbus, Ohio) were asked to indicate their positions on the establishment of Mount Carmel College of Nursing. Only the director of the community college expressed support (Ohio Board of Regents [OBR], 1989). The other deans and directors expressed concerns that included (a) the then-current existence of an adequate number of nursing programs in central Ohio, most of which had available student openings; (b) the impact of a new college offering a baccalaureate program in nursing, having profound implications for student enrollments in the then-existing nursing programs; (c) whether Mount Carmel College of Nursing would be affiliated with another college or university; and (d) the lack of student exposure to faculties and students from other disciplines. There was also a lack of accurate information about the organizational design of Mount Carmel College of Nursing. Most of these deans and directors believed, although erroneously so, that Mount Carmel Medical Center, a hospital, would operate the College of Nursing and grant the baccalaureate degree.

The Ohio Board of Regents expressed skepticism throughout the early development phase. The reservation by the Chancellor and his staff was that the college representatives did not understand the magnitude of developing an institution of higher education and therefore would be unable to do so in a manner which would offer a quality educational experience for its students. There were no specialized colleges of nursing in Ohio at this time.

As of August 1994, there were eight specialized colleges of nursing accredited by both the NCA and NLN in the United States. Mount Carmel College of Nursing
was the only single-purpose college in Ohio offering a bachelor of science degree in nursing. There was one single-purpose, specialized college in Toledo, Ohio, which offered an associate degree in nursing. This college was originally interested in offering a bachelor of science degree in nursing but was discouraged from doing so by the Ohio Board of Regents; it eventually made the decision to become a two-year specialized college with a cooperative relationship with a technical college.

The administration, faculty, and staff of Mount Carmel College of Nursing wanted an institution of higher education that met the educational standards established by accrediting bodies and was accepted by the consumer. These desires were achieved.

In summary, there was little information available on the organizational development and potential issues and controversies of new colleges, especially those that were not traditional. Also, information was limited on potential issues and controversies surrounding the establishment of new colleges.

**Purpose of the Study**

The purpose of this qualitative case study is to describe and provide analytic insight into the transition of a diploma nursing education program within a school of nursing to a single-purpose institution of higher education which offers a bachelor of science degree in nursing. Expected outcomes of this study are:

1. to provide knowledge of the institutional design process of a single-purpose college, particularly one with the primary focus of offering a degree in nursing.
2. to identify issues that are relevant in the transition of Mount Carmel School of Nursing to Mount Carmel College of Nursing.

3. to add to the literature base regarding the development of single-purpose colleges of nursing.

Achievement of the purpose and outcomes of this case study provide a description of the organizational design process of Mount Carmel College of Nursing and analysis of selected issues encountered in the developmental process. This case study provides knowledge to people seeking to explicate the college creation process.

Research Questions

Two questions guided this case study:

1. How was Mount Carmel College of Nursing designed?
2. What issues were relevant to the transition from Mount Carmel School of Nursing to Mount Carmel College of Nursing?

Definition of Terms

For the purpose of this research, the following definitions applied:

Specialized Colleges - those colleges that awarded their degree(s) in a single specialized field. Synonymous with single-purpose colleges.

Holding Company - a company that maintained financial independence and ultimate legal authority for its operations and for the operation of corporations under its legal jurisdiction.
**Subsidiary Corporation** - a corporation that operated under the ultimate legal authority of a holding company (Mount Carmel Health, 1994).

**Organizational Design** - a defined set of decisions concerning the structure of the organization (Nadler & Tushman, 1988).

**Theory** - the “design of research according to some relationship to the literature, policy issues, or other substantive source” (Yin, 1993, p. 4).

**Design of the Study**

This case study was designed to provide an in-depth description and analysis of selected issues of the institutional development of Mount Carmel College of Nursing. To guide data gathering and analysis, this author examined several areas of literature.

Chapter II provides a literature review on the historical development of nursing education into institutions of higher education, single-purpose (specialized) colleges of nursing, institutional and specialized accreditation, and an overview of organizational design and culture.

Chapter III outlines the methodology and the research design. The qualitative approach of Yin (1989) was used to design this case study. The qualitative approach allowed for the understanding of the organizational development of Mount Carmel College of Nursing through documentation such as letters, memoranda, meeting minutes, agendas, announcements, participant observations, published reports, news clippings, formal studies, interviews, and archival records. The organization of data was framed according to the design model developed by Nadler et al. (1992). This
approach provided the opportunity to develop the case study in a manner that would allow the reader to experience the extensive description of the design process and analysis of relevant issues as presented in Chapter IV, describing the design of this new organization, Mount Carmel College of Nursing, and offers analytic insights into selected issues encountered in the transformation of Mount Carmel School of Nursing, a non-degree institution, into Mount Carmel College of Nursing, a specialized degree-granting institution. Chapter V summarizes and makes conclusions and recommendations for future research.
CHAPTER II
REVIEW OF LITERATURE

Overview

This literature review provides an overview of major publications specific to the discussion of the architectural design of Mount Carmel College of Nursing. It is not intended to be comprehensive of all relevant literature in the areas of historical development of nursing education single-purpose (specialized) colleges of nursing, accreditation of institutions of higher education, organizational design, and organizational culture. Rather, literature presented formed the framework for this writer to construct this case study of Mount Carmel College of Nursing in which the first class of students enrolled in the autumn of 1990.

The literature review in this chapter is divided into four general sections:

1. The chapter begins with a focus on the historical development of nursing education and the movement of nursing education into institutions of higher education.

2. A discussion of single-purpose specialized colleges of nursing is presented.

3. Two accrediting agencies are discussed: The North Central Association of Colleges and Schools (NCA) and The National League for Nursing (NLN).
4. The chapter concludes with an overview of organizational design and organizational culture.

**Historical Development of Nursing Education into Higher Education**

The first organized nursing program began in Kaiserswerth, Germany, in 1836, when a training school was established for nursing deaconesses. In 1851, Florence Nightingale received her nursing training at Kaiserswerth. In 1860, she founded the Nightingale Training School for nurses at St. Thomas Hospital in London (Donahue, 1985). The purpose of the Nightingale Training School was both to train hospital nurses and instruct nurses in the training of others. The length of the program was one year, after which the nurses were drafted on the staff of a hospital for two years for further experience.

In the United States, the Civil War highlighted the need for better prepared nurses and the need for the development of training programs for nurses. Until these training programs were developed, individuals who were involved with the care of the sick only received lectures from physicians. This was not an organized course of instruction in that most information was gained simply by “on-the-job training” (Donahue, 1985). In 1863, The New England Hospital for Women and Children included a nursing school in its hospital charter. This represented the first official school of nursing in the United States (Donahue, 1985).

The early nursing schools were associated with hospitals because they were unable to support themselves financially, and this proved to be a weakness in the
educational process of professional nurses. Inasmuch as student nurses provided service to the hospitals in exchange for clinical experience, many schools soon recognized that they were created only to serve hospitals' needs by providing free labor. It became apparent that the real function of the schools of nursing was not education but service. These early schools are referred to today as diploma schools of nursing, and this primary focus on service, not education, has been the basis for the position of the American Nurses Association for many years that nursing education, to be considered professional education, should occur in institutions of higher education, offering a bachelor of science degree in nursing (ANA Commission on Nursing Education, 1979).

In 1909, the School of Nursing of the University of Minnesota became the first nursing school organized as an integral part of a university. Nursing students were admitted as regular university students. The School was not independent though, as it functioned under the College of Medicine and a nursing degree was not offered. It was 1919 before the school became independent of the College of Medicine and offered a bachelor of science degree in nursing. In 1916, a five-year bachelor's degree program in nursing was established at Teachers College, New York, in cooperation with Presbyterian Hospital, New York, and the University of Cincinnati's School of Nursing. Another significant factor in nursing education occurred with the development of associate degree nursing programs in community colleges. This model of education, first designed in 1949 by Dr. Mildred Montag of Teachers College, graduated a new classification of professional, the technical nurse.
Following World War I, several studies were conducted on nursing education in the United States. The Winslow-Goldmark Report (Winslow & Goldmark, 1923) originally addressed the problems of public health nursing education but evolved into a broad study of nursing education. In 1948, Esther Lucile Brown, a social anthropologist, determined the needs of society for nursing, calling for building schools of nursing in universities and colleges (Brown, 1948). The technical/professional distinction was formalized by the American Nurses Association when it issued a position paper on education for nursing (ANA, 1965). In this paper, the Association endorsed the position that (a) the education for all of those who are licensed to practice nursing should take place in institutions of higher education, (b) minimum preparation for beginning professional nursing practice should be a baccalaureate degree, (c) minimum preparation for beginning technical nursing practice should be an associate degree in nursing, and (d) education for assistants in the health service occupations should be short, intensive preservice programs in vocational education rather than on-the-job training (ANA, 1965). Later, the Association reaffirmed the baccalaureate in nursing as the minimum educational qualification for entry into professional nursing practice (ANA Cabinet on Nursing Education Task Force, 1985; ANA Commission on Nursing Education, 1979). The 1985 goal has not been met, but, as of this writing, a greater than ever percentage of nurses graduate with baccalaureate degrees in nursing. The American Nurses Association’s position on nursing education completely excluded diploma nursing preparation as a viable nursing education system for the future because diploma education did not take place in institutions of higher education.
In 1967, a national commission was established to study nursing and nursing education. Its report called for nursing education to be positioned in colleges and universities (National Commission for the Study of Nursing and Nursing Education, 1970). The National Commission on Nursing (1981) supported this position. As of this writing, there were 36 associate degree programs, 14 diploma programs, and 21 baccalaureate degree nursing programs in Ohio (Ohio Board of Nursing, 1994).

The literature reviewed in this section indicates that, for many years, the development of nursing education has been toward the minimum educational preparation of a bachelor of science in nursing degree. The scientific, technological, and societal movements of the 20th century have had significant effects on the direction of nursing. This changing environment has called for nursing education to keep pace. The education of nurses for the future must meet future needs of society.

**Single-Purpose (Specialized) Colleges of Nursing**

The classification of institutions of higher education in the United States, as developed by the Carnegie Commission on Higher Education (1973) and updated by the Carnegie Foundation for the Advancement of Teaching (Cardozier, 1987), defined professional schools and other specialized institutions as those which offer degrees ranging from bachelor's degrees to doctorates, but at least 50% of the degrees awarded are in one specialized field. Institutions of higher education that offer all degrees in one specialized field are called single-purpose or specialized colleges. The category includes theological seminaries and bible colleges; medical schools and medical
centers; health profession schools in chiropractic, pharmacy, or podiatric nursing; engineering; schools of business and management; music and design; law schools, corporate colleges; and other specialized colleges. Therefore, Mount Carmel College of Nursing could be referred to as a single-purpose or specialized college of nursing. In 1987, there were over 640 specialized institutions in the United States, enrolling over 467,000 students.

Single-purpose institutions of higher education have existed for many years in the United States although little is written about their development and existence. They could be characterized as one of the "invisible colleges" to which Astin and Lee (1972) referred. He identified and studied relatively little-known private colleges in higher education, partially because they consisted of over 494 colleges of over 2,000 of all institutions of higher education at that time. The term "invisible" focused attention on their chief problems: their obscurity and the consequent lack of concern for their welfare within the community of higher education. Seventy percent of the invisible colleges had fewer than 1,000 students. The higher education community generally believed that invisible colleges were inferior because of limited financial support and services offered. Astin and Lee (1972) concluded that it was possible to define the visibility of an institution in terms of two main attributes: selectivity of students in terms of academic ability and enrollment size. The average academic ability of entering students was the best single measure of an institution's affluence.

In the 1980s, single-purpose colleges of nursing began to develop. The Board of Directors of the National League for Nursing (1982) adopted a position statement on
preparation for practice in nursing. It stated that educational programs in nursing must prepare practitioners to meet the needs of a changing society and that experimentation and innovation would be necessary to prepare practitioners on all levels to meet these needs. A few three-year diploma schools of nursing, faced with the prospect of not being able to continue to exist in the pending climate of change (ANA, 1965), began the transition to single-purpose colleges offering bachelor of science degrees in nursing. In the summer of 1984, the North Central Association of Colleges and Schools [NCA] Commission on Institutions of Higher Education listed 6 such single-purpose colleges of nursing that had achieved candidacy status for accreditation by the organization. Richard M. Millard (1984), president of the Council on Postsecondary Accreditation (COPA), stated:

There are currently at least ten fields in which there are free-standing professional institutions which are authorized legally to grant professional degrees and which are accredited. These are in the areas of art, chiropractic, law, medicine, music, nursing, osteopathy, pharmacy, podiatry, clinical psychology, and theology. (p. 4)

There have been both proponents and opponents of single-purpose institutions in nursing. The American Association of Colleges of Nursing (1984) articulated its beliefs in a position statement on single-purpose educational institutions:

The goals of institutions of higher learning have differed from those of single-purpose institutions and have, by tradition and example, focused on stimulating the fullest potential of mankind’s cumulative intellect.
They provide for the development of the learner's ability to think for oneself, to master analytical problem solving, to apply scientific knowledge, and to make value judgments. Education for the profession requires a broad academic inundation not found in single-purpose institutions. (p. 3)

As of this writing, opposition by this Association has ceased, and among its constituencies are several single-purpose colleges of nursing. No explanation has been written for this change in position. One could surmise that the recognition and accreditation of single-purpose colleges of nursing by both regional and specialized accrediting bodies has influenced the position of the American Association of Colleges of Nursing.

Other opponents of single-purpose institutions of nursing included Fitzpatrick (1985), Dean and Professor of the College of Nursing, Villanova University, who stated, “we must challenge and curb the manipulation of nursing education by those who would have us lose our foothold in higher education by developing bastardized forms of preparation, one emerging pattern being the so called independent single-purpose school of nursing” (p. 6). She believed this model was a mutation of the diploma school model. Similarly, Amos (1986), Dean and Professor of the University of Utah College of Nursing was opposed to single-purpose institutions of nursing, based on her belief that these institutions were operated by hospitals who had, as their primary mission, the providing of clinical services to patients, not a primary mission of education. It should be noted that all single-purpose colleges of nursing as of this
writing had education as their mission; most did not have a direct reporting relationship with a hospital. Lane (1986), Dean of the Marcella Niehoff School of Nursing, Loyola University (Chicago), “viewed single-purpose colleges of nursing as new aberrations — hospital schools calling themselves colleges” (p. 63). She believed that these institutions would not be able to provide the environment, the faculty, and the resources needed to prepare a baccalaureate nurse.

Other opponents, such as Kerins (1989), believed that single-purpose colleges offering baccalaureate degrees in nursing were in reality just nursing programs, not colleges. Thus, these colleges should not be eligible for institutional accreditation. Additionally, he believed that regional accrediting bodies, such as the North Central Association, should not review single-purpose institutions unless that review occurred after or jointly with examination by a specialized accrediting agency such as the National League for Nursing. Both the regional and specialized accrediting processes were the same for single-purpose as well as multifaceted universities. Also, specialized accrediting bodies would not review a particular program within a college setting, if that college was not regionally accredited.

Arlton & Kalikow (1986), following a study of 14 single-purpose institutions accredited by the North Central Association, concluded that the institutions reflected many strengths and some concerns which the institutions were committed to rectify, but one concern in particular merited serious study. There was a need to strengthen the general education component of the curriculum.
Proponents of single-purpose colleges included Eurich (1985) who addressed the academic legitimacy of single-purpose institutions. He stated that corporate classrooms established an academic legitimacy that rivaled that of traditional institutions. In some specialized college and institution classrooms, the assessment of teachers and curricula was more rigorous than in traditional academic settings. He further stated that specialized institutions appeared to be more efficient at adapting teaching techniques to the demands of new curricula, and they were sometimes more willing to experiment with novel methods of instruction. Eurich projected that specialized colleges were heavily career- and performance-oriented, with sometime narrow educational goals and values. However, they were highly responsive to the needs of a technological, knowledge-based society. He believed that one factor which contributed to this flexibility was the lesser emphasis on some of the traditions characteristic of American higher education, i.e., faculty governance, tenure, and rank.

Elman and Lynton (1985) noted that health educators were beginning to acknowledge the importance of shifting emphasis from an information-intensive approach to one that stressed how crucial it was to provide students with the necessary competence to apply a cognitive and analytical knowledge base to practical health care situations through extended clinical practice. Clinical practice was a strength of many of the single-purpose institutions.

Boundy (1989) compared 229 senior-year students from four multipurpose, four single-purpose, and three joint degree-granting institutions, using the "College Student Experiences Questionnaire." All of these students were generally in agreement that
their college experiences were positive. Differences which were found did not consistently favor any one institution type.

As of this writing, 19 single-purpose institutions in nursing in 10 states were recorded in the *Higher Education Directory* (Higher Education Publications, 1995). Sixteen of these colleges were regionally accredited, and 12 had specialized accreditation. Mount Carmel College of Nursing was the only single-purpose college of nursing in Ohio which offered a baccalaureate degree in nursing.

**Accreditation in Institutions of Higher Education**

Two definitions of accreditation are provided for use in this review of the literature:

1. "Accreditation is a nongovernmental, voluntary means (a) to provide public confirmation that what an institution is doing is of acceptable quality and (b) to assist each institution/program in improving its own activities" (Thrash, 1992, p. 558).

2. "Accreditation is the voluntary process whereby an organization or agency recognizes a college or university or a program of study as having met certain pre-determined qualifications or standards" (Selden, 1960, p. 10).

**Institutional Accreditation.**

Institutional accreditation evaluates an entire institution and accredits it as a whole. An institutional accrediting body evaluates more than the formal educational activities of an institution; it also assesses such characteristics as governance and
administration, financial stability, admissions and student personnel services, institutional resources, student academic achievement, institutional effectiveness, and relationships with constituencies outside the institution (NCA Commission on Institutions of Higher Education, 1994a). In 1910, the North Central Association formally developed the first college and university accreditation effort by adopting standards for higher education institutions in its region. Thus came the movement of voluntary institutional evaluation by one’s peers. These first standards for evaluation provided the framework for the North Central Association standards in effect as of this writing. In 1934, the focus of this regional accrediting body turned from a policy body to an organization designed to encourage, to stimulate, and to evaluate institutions of higher education (Selden, 1960). As of this writing, criteria for accreditation by the NCA Commission on Institutions of Higher Education (1994a) includes:

1. The institution has clear and publicly-stated purposes consistent with its mission and appropriate to a higher education institution.

2. The institution has effectively organized the human, financial, and physical resources necessary to accomplish its purposes.

3. The institution is accomplishing its educational and other purposes.

4. The institution can continue to accomplish its purposes and strengthen its educational effectiveness.

5. The institution demonstrates integrity in its practices and relationships.

Institutions of higher education can be affiliated with a particular regional accrediting body in one of two ways: one is as a candidate institution; the other is as
an accredited institution. Both applications are voluntary and are initiated by an institution (NCA Commission on Institutions of Higher Education, 1994a).

A description of each status includes:

1. **Candidacy Status** - A preaccreditation status which indicates that an institution has fulfilled expectations of the candidacy program. An institution granted candidacy is progressing toward accreditation.

2. **Accreditation Status** - Indicates both to other institutions and to the public that an institution has met the regional bodies' accreditation standards.

**Specialized Accreditation.**

Specialized accrediting bodies were formed to develop standards to protect the quality for various disciplines. Specialized accreditation evaluated particular units, schools, or programs with an institution and was often associated with national professional associations, such as those for engineering, medicine, law, nursing, education, psychology, or social work.

The American Medical Association was the first specialized accrediting body in the United States. As of this writing, the number of specialized accrediting agencies exceeds 60, and they accredit 109 different academic programs, including acupuncture, blood banks, architecture, cosmetology, counseling, dance, engineering, nursing, financial services, journalism, law, medicine, medical illustrators, speech and language pathology and audiology, teacher education, and theater (National Policy Board on Higher Education Institutional Accreditation (1994).
The Carnegie Foundation for the Advancement of Teaching (1982) made the following recommendations to fit specialized accreditation more effectively into the governance of higher education:

1. Standards for specialized education should focus on outcomes and campus evaluations should be conducted with full respect for the overall mission of the institution.

2. Colleges and universities should not solicit any specialized accrediting agency whose criteria are so detailed that the institution's own authority over teaching and research is weakened.

3. Specialized accreditation teams should coordinate their visits with regional accreditation, and whenever possible, such collaboration should involve sharing information and preparing continued summary reports.

4. State governments should re-examine the link between occupational licensing and specialized accreditation. In some cases, alternative routes to licensure, such as formal examinations or practical experience should be provided. In other cases, the link between licensing and accreditation should be broken altogether. (p. 79)

The specialized accrediting agency for nursing has become the National League for Nursing (NLN). Historically, nursing had a long record of voluntary efforts to raise educational standards. Initiated by the National Organization for Public Health Nursing in the 1920s, the Association for Collegiate Schools of Nursing, and the National
League for Nursing Education in the 1930s, accrediting activities in nursing education were centralized in the National Accrediting Service in 1949 (Donahue, 1985). When the National League for Nursing Education became the National League for Nursing in 1952, accrediting in nursing education became the function of its Division of Nursing Education.

The purposes of NLN accreditation (National League for Nursing, 1992) include:

1. To foster the continuous development and improvement in quality of educational programs in nursing throughout the United States and its territories.

2. To evaluate nursing programs in relation both to their stated purposes and objectives and to the established criteria for accreditation.

3. To involve administrators of the governing institutions and the administrators, faculties, and students of nursing programs in the process of continuous self-study and improvement of their programs.

4. To bring together practitioners, faculty and students in an activity directed toward improving educational preparation for nursing practice.

5. To provide an external peer-review process. (p. vi)
The U.S. Department of Education’s Stance on Accreditation.

For 30 years prior to this writing, a college that wished to offer its students federal aid had to pass three tests: it had to (a) be accredited by an accrediting agency approved by the federal government (U.S. Department of Education, 1994), (b) have a license to operate from the state in which it was located, and (c) receive favorable determination of its eligibility to participate from the Division of Eligibility and Certification of the U.S. Department of Education (College Board of Review, 1994). In 1990, the U.S. Department of Education became dissatisfied with accrediting bodies. The Department perceived that accrediting bodies were not effectively serving as policing agents for higher education and guarantors of quality for the public. A summary of the actions taken by the six regional accrediting bodies in 1991 and 1992 showed that 47 colleges, just 1.6% of those accredited, were affected by public sanctions (Leatherman, 1993). Fourteen improved enough to have the sanctions lifted, and only a handful were closed while under sanctions or after losing accreditation. At least half of the 47 were sanctioned mainly because they had financial problems.

In 1992, Congress authorized amendments to the Higher Education Act (U.S. Department of Education, 1965), which created a structure of state oversight of higher education. New State Post-secondary Review Entities (SPREs) conducted reviews of educational institutions which did not meet 11 criteria or “triggers” as defined in the law. Higher education leaders considered this involvement by Congress in the voluntary accreditation process to be an attempt by Congress to federalize accreditation (National Policy Board on Higher Education Institutional Accreditation, 1994).
Convinced that Congress did want to federalize the accreditation process of institutions of higher education, nine regional accrediting commissions and seven national higher education associations proposed to establish the National Policy Board on Higher Education Institutional Accreditation (NPB) in June 1993. The function of this policy board was to consider accreditation alternatives for the future. In October 1994, the NPB proposed to form a new national organization, the Higher Education Accreditation Board, which would have both the authority to recognize accrediting associations and require them to adopt the same core standards for assessing colleges. It would have been governed by a board dominated by members of public. In June 1995, however, at the "Conference on the Future of Accreditation," the NPB agreed only that a national body should coordinate and certify accreditation. They decided that a panel of 15 college presidents, to be appointed by the accreditors, should work out the details over the summer of 1995 (Leatherman, 1995). Thus, the work to develop a national accrediting body at the time of this writing continued.

**Organizational Design**

This overview of the literature on organizational design is intended to provide the reader with an understanding of theories and concepts of organizational design that might guide the design and development of future single-purpose colleges of nursing.

"Organizational design is not a field sufficiently developed to offer a mature set of theoretical principles provided in practice and applicable to a wide variety of situations" (Hax & Majluf, 1983, p. 434). Organizational design models have been
most often applied to industrial organizations, not to academic organizations. Theoretical perspectives have been used to design, understand, and manage organizations, but the development of Mount Carmel College of Nursing was not completed with any particular design theory guiding the development process. It could be assumed that the development was not theory free, because it was always guided by an image of what the leaders were trying to accomplish. Morgan (1986) stated that "images or metaphors are theories or conceptual frameworks in use" (p. 12).

To design organizations that were effective and would remain adaptive to their environments, one needed to understand organizations. Weick (1979) stated:

...to organize is to assemble ongoing interdependent actions into sensible sequences that generate sensible outcomes within the framework called an organization. It must be recognized that organizations have no mental or physical properties of their own, independent of those who create them and bestow them with meaning. When we search for tangible manifestations of organizations, we find buildings, capital, equipment, and people who are co-located in time and space; we notice that there are organizational charts, advertising slogans, and even organizational cultures. But none of these is the organization. (p. 3)

Pasmore (1988) defined an organization as "an identifiable social entity pursuing multiple objectives through the coordinated activities and relations among members and objects. Such a social system is open-ended and dependent for survival on other individuals and subsystems in the larger entity society" (p. 75).
The general theme encompassing the definition of organizational design was that the designer(s) sought to build knowledge about and provide guidelines for designing an efficient organization. At least four main design theories had been proposed in the literature including the classical, mechanistic bureaucratic theory; the human relations theory; the sociotechnical theory; and the contingency theory. Early theorists designed organizations for the one best way of structuring an organization. These theorists in the early 20th century included Max Weber and Frederick Taylor. Weber defined the classical bureaucratic model of organizations which centralized administrative power. Characteristics of this model include formal hierarchy under the strict control of the chief executive, promotion based on seniority and technical abilities, and impersonal environment. Bureaucratic-designed organizations discouraged initiative and were mainly applicable in stable environments. Taylor pioneered scientific management which advocated time-and-motion study as means of analyzing and standardizing work activities (Galbraith, 1977; Morgan, 1986; Nadler & Tushman, 1988; Nystrom & Starbuck, 1981).

In 1927, Western Electric Company brought in social scientists from Harvard to follow-up experiments carried out at their Hawthorne Plant between 1924 and 1926. These "Hawthorne studies" changed classical organization theory to a more human relations orientation, which became known as the human relations approach to organization design theory. In these studies, variations in performance were not explained by cognitive, physical, or authority factors; rather, researchers suggested that relations among group members and supervisors were the critical variables.
Organizations were thought of as living systems rather than mechanistic structures (Galbraith, 1987).

It was not the importance of leadership but the style of leadership that made the primary difference between the human relation theorists and classical theorists (Morgan, 1986). Leaders in the human relations approach were as much concerned with job satisfaction as with productivity. Effective organizations operating in unstable environments tended to design organic systems.

Research in the 1960s and 1970s led to the development of an organizational design model referred to as the sociotechnical system, which focused on both the technical and human aspects of organizations (Cherns, 1976). Pasmore (1988) reviewed the sociotechnical system perspective which considered every organization to be made up of people (the social system) using tools, techniques, and knowledge (the technical system) to provide goods or services valued by customers who were part of the organization's external environment.

The sociotechnical system's perspective was that decisions made about organizational design should meet the demands of the external environment as well as the internal institutional social and technical systems. Internal measures of success were viewed as insufficient predictors of organizational survival; the external environment was the ultimate judge of design effectiveness (Katz & Kahn, 1978; Perrow, 1987).

The contingency theory integrated both the classical and organic theories by advocating that the best organizational design was contingent upon the environmental
conditions that the organization faced. Burns and Stalker (1961) developed the framework for this theory by establishing distinction between the mechanistic and organic approaches to organizing. Their study emphasized that a successful organization depended on its adaptation to its environment. There were situations in which a more formal, classical organization performed better, and there were other situations in which a more human relations, participatory role was appropriate (Burns & Stalker, 1961; Hax & Majluf, 1983; Hellriegel & Slocum, 1973; Lawrence & Lorsch, 1967; Morgan, 1986; Nystrom & Starbuck, 1981). Contingency theory suggested that there was no single set of principles to shape the structure of an organization. Rather, each organization should develop its structure in tune with its internal characteristics and the relationship with its environment. The theory proposed that organizations were open systems that adapted to their environments. Open systems were self-sustaining systems that transformed resources from the environment into some form of organizational output (Burns & Stalker, 1961; Morgan, 1986). There was no best way to organize, and not all ways to organize were equally effective (Lawrence & Lorsch, 1967; McCaskey, 1974; Morgan, 1986). The theory stressed that "effective organizations succeeded in achieving a 'good fit' internally in terms of congruent relations among organization structure, history, managerial styles, the technology employed, the needs, values, and abilities of employees, and externally, in relation to the environment" (Morgan, 1986, p. 78). Morgan’s views were consistent with those of Nadler et al. (1992) in their definition of architectural design.
Lawrence and Lorsch (1967) continued research and refinement of the contingency theory by showing that organizations may have needed to (a) differentiate among various departments because of unique characteristics of departments and (b) integrate others in order to meet the organization's goals and strategies. Achieving a balance between differentiation and integration was one of the fundamental issues of structural design, and every organization developed its own unique pattern. Differentiation and integration were coordinated vertically through authority and rules and laterally through meetings, task forces, and coordinators. By differentiating, the organization gained the advantage of people becoming experts in specialized areas (McCaskey, 1974). Differentiation could produce conflict and uncertainty (Lorsch, 1977). The more differentiation, the more varied were the viewpoints of various departments and the more difficult it was to achieve integration.

Both Lorsch (1977) and Galbraith (1977) focused on the idea that the structure of an organization depended on the amount of uncertainty with which the organization had to deal. Uncertainty was the core concept upon which organizational design frameworks were developed (Galbraith, 1977). Organizations that existed in stable environments could develop relatively stable structures, and organizations that existed in turbulent, uncertain environments needed structures that were more complex, differentiated, and flexible (Bolman & Deal, 1984).

Nadler et al. (1992) believed that the basic core task of an organization design was information processing – moving information among individuals and groups in the organization to coordinate their work activities. The basic information processing
device was a hierarchy structure built through the grouping of jobs and roles into work units that were linked through reporting relationships. Information technology provided alternatives to structuring hierarchy as the basic information processing model by creating the linkage and integration of autonomous units through the processing of information.

Birnbaum (1988) defined a model as “an abstraction of reality, that if it is good enough it allows us to understand (and sometimes to predict) some of the dynamics of the system it represents” (p. 83). Several models of organizational design had evolved using the various theories just described, including models designed by Chase and Tansik (1983), Hellriegel and Slocum (1973), Huber and McDaniel (1986), and Lovelace (1981).

Chase and Tansik (1983) developed a contingency-based customer contact model, designed primarily for service organizations. The model specified the physical separation of certain activities of the organization based on the amount of direct influence the customer had on the organization. Their model held that organizational efficiency would be improved if the technical components of the organization were placed in low customer contact positions. Areas with high customer contact were limited in their production efficiency because of the uncertainty that customers introduced into the organization.

Hellriegel and Slocum (1973) developed a differentiation/integration contingency model for organization design which was based on the variables of the internal needs of the organization and the environmental conditions such as the market
for the organization's product or service. They believed that the internal structure of an organization should be organized into flexible units that could best respond to the uncertainty of the environment. The designer of such an organizational structure would have differentiated some organizational units into specialty areas in a highly heterogeneous environment and would have integrated other organizational units into more homogenous and stable environments.

Huber and McDaniel (1986) suggested a decision-making paradigm of organizational design that proposed to create structures and processes that facilitated the making of organizational decisions. The design of the units would be a direct consequence of the organizational beliefs on dispersion of authority within the organization. Would this authority be centralized, specialized, or flexible?

Lovelace (1981) proposed the Universal Organization Design Model, the first step of which was to identify precisely what the organization was going to produce as an end product. One would then identify those functions that directly contributed to the materialization of the end product. The last step was to identify those functions required to support the other two activities. Organizational units within the organization would be grouped together based on these functions. This design model was closely related to classical theories of organizational design.

The model used to conceptualize the design of Mount Carmel College of Nursing is the Congruence Organizational Model of Nadler et al. (1992), which specifies critical inputs, major outputs, and the transformation process that characterize organizational functioning. They propose to view organizational design from the broad
perspective of organizational architecture. First, the structure of an organization needs to permit the organization to accomplish the required work in order to meet its identified strategies. Second, the structure needs to integrate the social/cultural perspective that considers how the structure will fit with and impact on the individuals who work within the organization. They believe that both perspectives need consideration during the design process but must be balanced. Additionally, they believe that an organization should be viewed as a dynamic, open social system that interacts with its environment. An organization that is developed within an open system paradigm is one that responds to and adapts to environmental changes as it attempts to achieve quality outcomes of its strategies and products that it produces.

Organizational inputs in Nadler et al.’s (1992) model include environment, resources, and history. These inputs provide the setting within which the leaders of an organization make strategic decisions. Nadler et al. (1992) define environment as all factors, including institutions, groups, individuals, and events that are outside the organization being analyzed, but which will have a potential impact on that organization either by demands or constraints. Resources include an organization’s access to employees, technology, capital, and information. The quality of the resources need consideration to determine the effectiveness of an organization. An organization’s design is also influenced by its history. Another input is strategy which Nadler et al. (1992) define as specific decisions regarding markets, offerings, technology, and distinctive competence. Strategies are both short- and long-term objectives. Hax and Majluf (1983) support Nadler et al.’s (1992) concept of strategy, proposing that
strategic positioning of an organization is not only the planning function that deals with strategic operational matters but is also the control process to follow up on in determining the achievement of goals.

Output is that which the organization produces, how it performs, and its effectiveness (Nadler et al., 1992). Does the organization meet its goals? Does it make use of its available resources? Does the organization adapt itself to environmental changes?

Nadler et al. (1992) identify the four components of work, people, formal organizational structure, and the informal organization as necessary elements that must be congruent for an organization to transform inputs into outputs. Work is defined as the basic activity or technology in which the organization is engaged. Bolman and Deal (1984) concur that the technology of an organization is its central activity for transforming inputs into outputs. In academic institutions, one concept of technology is classroom teaching. At Mount Carmel College of Nursing (1994a), the College Mission Statement undergirds classroom teaching by stating, “It is the intent of the College to foster an environment that contributes to excellence in teaching and the College is characterized by excellence in classroom instruction” (p. 6). When considering work, one must consider the qualifications of the people who do the work, the rewards the work can produce, and the performance demands inherent in the work. Formal structure includes the hierarchy of design, reward system, and physical location. The informal organization is the organization's culture. Culture includes values, beliefs, rituals, and events.
The Congruence Organization Design Model by Nadler et al. (1992) (Figure 1) provides the framework for conceptualizing the design of Mount Carmel College of Nursing (Figure 2), thereby providing the identification of key components of the college design process in Chapter IV and for issues that are selected and analyzed.

Organizational Culture

The Congruence Organizational Design Model by Nadler et al. (1992) defines the informal structure including culture as a key component of organizational design. This literature overview of organizational culture assists in providing analytic insight into the informal structure of Mount Carmel College of Nursing as noted in Chapter IV.

There are several definitions of organizational culture. In anthropology, culture is the foundational term through which the orderliness and patterning of much of the life experience is explained (Benedict, 1934). Pettigrew (1979) describes culture as a "system of publicly and collectively accepted meanings operating for a given group at a given time. This system of terms, forms, categories and images interprets one's own situation for one's self" (p. 574). He regards organizational culture as an integrated family of concepts, including symbols, values, heroes, language, ideology, belief, ritual, and myth. Pettigrew (1979) states that "these concepts are interdependent and direct attention toward the mobilization of consciousness and purpose, the codification of meaning, the emergence of normative patterns, the use and fall of systems of leadership and strategies of legitimation" (p. 576).
Albrecht (1987) believes that culture is formed and evolves according to the values and priorities of its most influential people. The way they use power and communicate personal values tends to affect the habit patterns of those who are directly responsive to them. Smircich (1983) states that culture is the “social or normative glue that holds an organization together. It expresses the values or social ideals and the beliefs that organizational members come to share. These values or patterns of belief are manifested by symbolic devices such as myths, rituals, stories, legends, and specialized language” (p. 344).

Organizational culture is a powerful way of looking at how people in institutions create social reality through their interactions and interpretations (Birnbaum, 1988). Every academic organization has its own culture – those beliefs, assumptions, rituals, norms, customs, symbols, and practices that influence individuals and groups and give meaning to events. This culture finds expression in what is done, how it is done, and who is involved in doing it. It shapes decisions, actions, and communication on both an operational and a symbolic level (Farmer, 1990). Only when administrators possess a “full, nuanced understanding of the organization’s culture” can they communicate effectively with different constituencies and cultivate their support, thereby implementing decisions effectively (Tierney, 1988, p. 5). The cultural perspective considers how people act – what they do and how they do it – as they conduct the intellectual work that comprises planning (Peterson, 1981).

The culture in young, successful organizations is likely to be very strong because it is instrumental to the success of the organization, the assumptions are
internalized by current members and transmitted to new members, and the founder is present to symbolize and reinforce the culture (Schein, 1985). Owens and Steinhoff (1989) state:

Organizational culture is the body of solutions to problems. The solutions have worked consistently for a group and are therefore taught to new members as the correct way to perceive, think about, and feel in relation to these problems. Over time, organizational culture takes on meaning so deep that it defines assumptions, values, beliefs, norms, and even the perceptions in the organization. Though culture tends to drop from the conscious thoughts of participants overtime, it continues to powerfully create meaning for them in their work and becomes 'the rules of the game.' (p. 197)

Organizational culture can be demonstrated by use of rites. Beyer and Trice (1987) define rites as “a relatively elaborate, dramatic, planned set of activities that combines various forms of cultural expressions and that often has both practical and expressive consequences” (p. 6). Rites are tangible, accessible, and visual — therefore an avenue for the expression of a culture. Leaders who want to cultivate change must think creatively about modifying existing rites or creating new ones. Most often, one should find ways to build upon the old rites, as no organization changing into another form will fully welcome a wholesale alternative of its culture (Beyer & Trice, 1987).

Studies of the undergraduate college environment or culture by Patterson and Longsworth (1966) underline three sets of generalizations:
1. A college does have its own unique culture or climate that stays relatively constant over time, tends to attract the same types of students with remarkable consistency over the years, and has the same kind of effect upon them.

2. The relations of students with each other and with faculty are very important features of college culture. These relations affect student attitudes and values more strongly and significantly than does instruction in the classroom. Academic achievement itself is affected by the characteristic total of the college.

3. Activities outside the classroom can increase a student's desire to learn and his sense that learning is relevant. The most intellectually and educationally productive colleges are those where culture does not rigidly separate classroom and non-classroom into two unrelated worlds (p. 53).
CHAPTER III
METHODOLOGY

Introduction

The purpose of this study is to provide analytic insight into the development of Mount Carmel College of Nursing to advance knowledge about the development of a single-purpose college of nursing. There is little available literature on how the organization design of a single-purpose college of nursing takes place. "A descriptive case study, presenting a complete description of a phenomenon within its context, has been chosen to describe the development process" (Yin, 1993, p. 5).

This chapter explores a general description of the case study method and the assumptions for using this strategy. The research design is detailed, including the description of the setting, the unit of analysis, the particular data collection activities, the role of the researcher as a participant-observer, and the establishment of trustworthiness. The last section of the chapter concludes with a discussion of the perceived limits of the case study.
**Case Study Method**

The methodological approach for this case study is based largely on the research of Yin (1989), who believes that “case study is a distinctive form of empirical inquiry which investigates a contemporary phenomenon within its real-life context by using multiple sources of evidence” (p. 23). Merriam (1988) states:

Case studies can be descriptive, a form of nonexperimental research, whose purpose is to characterize something as it is. The case study’s unique strength is its ability to deal with a full variety of evidence — documents, artifacts, interviews, and observations. Case studies have proven to be particularly useful for studying educational innovations, for evaluating programs, and for informing policy. (p. 26)

Case studies can be heuristic in that they bring about the discovery of new meaning, extend the reader’s experience, or confirm what is known. Insights into ‘how things get to be the way they are’ can be expected to result from case studies (Stake, 1975). Readers bring to a case study their own experiences and understandings which lead to generalizations when new data for the case are added to old data. Stake considers these generalizations as “part of the knowledge produced by case solvers” (p. 36). Case studies can also form a data base for future research. In this case study, the data base will aid in the development of future single-purpose colleges of nursing by providing for comparison and theory building based on the reality of this case study.
Research Design

A research design is the logic that links the data to be collected to the initial questions of a study. Every empirical study has an implicit, if not explicit, research design (Yin, 1989). The research design for this case study is a single-case, holistic design. One rationale for a single-case study is the revelatory case, a situation which exists when an investigator has an opportunity to observe, participate, and analyze a phenomenon previously inaccessible to scientific investigation. The study is worth conducting because the descriptive information alone will be revelatory (Yin, 1989). The development of Mount Carmel College of Nursing is an example of a revelatory case, which will provide knowledge for development of future single-purpose colleges of nursing.

Unit of Analysis.

The unit of analysis is Mount Carmel College of Nursing, a single-purpose college located in Columbus, Ohio. The College is located on the site of its holding corporation, Mount Carmel Health. It is one of two colleges in the United States under the sponsorship of the Congregation of the Sisters of the Holy Cross, the other being Saint Mary's College in Notre Dame, Indiana.

This investigator has been associated with this College throughout the time period of this case study, covering the College's conception in 1985 to accreditation of the nursing program by the National League for Nursing in March 1995.
**Study Questions.**

Two questions frame this descriptive single-case study. They include:

1. How is Mount Carmel College of Nursing designed?

2. What issues are relevant to the transition from Mount Carmel School of Nursing to Mount Carmel College of Nursing?

**Data Collection Time Period.**

The data collection period for this case study is 10 years, extending from 1985 through March 15, 1995. This time frame begins with the initial organized planning for the College and ends with achievement of National League for Nursing accreditation for the nursing program.

**Data Collection.**

Case studies are usually based on six different sources of evidence: documents, archival records, interviews, direct observation, participant observation, and physical artifacts (Yin, 1989). A descriptive case study requires little theory, causal links do not have to be made, and analysis is minimal. The case study investigation tells the story as it is (Yin, 1989).

Three overriding principles are important to any data collection effort in case studies. These include the use of (a) multiple sources of evidence, (b) a case study data base (a formal assembly of evidence), and (c) a chain of evidence (explicit links between the research questions, the data collected, and the conclusions drawn). The
incorporation of these principles into a case study investigation substantially increase its quality (Yin, 1989).

The data collection process is not based on theory development prior to the writing of this case study. The review of the literature provides a framework to determine what areas are important to consider in the writing. Two primary data collection techniques are used in writing this case study. They include:

1. Documents - letters, minutes of meetings, agendas, organization chart, budget reports, survey data, announcements, proposals, progress reports, self-study accreditation reports, news clippings, and other written reports of events. The usefulness of these documents is not based on their necessary accuracy or lack of bias (Yin, 1989). Rather, they corroborate and enhance evidence from other sources by providing specific details.

2. Participation Observation - a special mode of observation in which the investigator assumes a variety of roles with the case study, including participating in the events being studied (Yin, 1989). The participant observation technique has advantages and disadvantages. A researcher's main advantage is the ability to perceive reality from inside the case study. A major problem related to this data collection method is the potential bias of not being able to review the situation objectively. This investigator participated as participant observer during the entire duration of this case study. The reliability and interpretations of observations are assured by the use of multiple sources of evidence of the development process in which over 50 people participated.
Validity Issues.

Because the case study is one type of scientific method, it should be judged with the same rigor as other research studies. It is hoped that the reader will find the case study trustworthy by the application of the tests of trustworthiness, which refer to the researcher’s ability to persuade the reader that the findings of a case study are worth paying attention to and worthy of taking into account (Lincoln & Guba, 1985, p. 290). Three tests to determine validity have been identified and apply to this case study. They include construct validity, external validity, and reliability.

Construct Validity.

A major way of improving the quality of case studies and assuring their construct validity is to have the studies reviewed, not just by peers, but by participants in the case (Yin, 1989). This process was conducted during the composition phase of the case study. In this case study, an assistant professor of science, who served on the core planning committee of the College of Nursing, was a principle peer reviewer. An external reader, a professor from an area College of Nursing, was also utilized for this case study. Additionally, multiple sources of evidence were used during the data collection phase, including letters, minutes of meetings, agendas, announcements, proposals, progress reports, self-study accreditation reports, news clippings, organization chart, budgets, and other written reports of events.
**External Validity**

Yin (1989) defines external validity as "establishing the domain to which a study's findings can be generalized" (p. 41). The question is whether a study's findings could be generalized beyond the case study under consideration. Critics typically state that single case studies offer a poor basis for generalizing, but these critics are frequently comparing the situation to survey research where a "sample" is generalized to a larger universe. This analogy to samples is incorrect when dealing with case studies, because survey research relies on statistical generalization and case studies rely on analytical generalization (Yin, 1989). Analytic generalization is appropriate with both single and multiple case studies (Allison, 1971).

In analytic generalization, investigators strive to generalize findings to a previously developed theory of framework, a process that is built into the research design of the case study. Investigations that have description as their main objective call for a previously-developed theory or conceptualization to determine the priorities for data collection. Without such a theory, investigators will encounter problems in limiting the scope of the study (Yin, 1993). In this case study, the College design process is generalized to the Congruence Organizational Design Model developed by Nadler et al. (1992).

**Reliability.**

The goal of reliability is to minimize the errors and biases in a study. One method to increase the reliability of case study research is to maintain a case study data
base (Yin, 1989). This reliability method is built into the data collection phase of the case study. An extensive data base was available to develop this case study.

**Internal Validity**

Internal validity is not a concern in this case study because internal validity applies only to causal or explanatory studies (Yin, 1989).

**Limitations of the Study**

The limitations of this study are summarized as follows:

1. True generalization of this case study are limited: duplication of patterns and model sequences can be made by replication of original design to other single-purpose colleges of nursing.

2. Some questions might be raised concerning the investigator's role in the College of Nursing. Will some areas not be accurately described because of the investigator's involvement in the College development process?

**Summary**

This chapter explains the methodology which directs the implementation of the study. Methods are discussed that have been used to develop this case study. The writer explicates for the reader the efforts that have been carried out to ensure that the results will be regarded as trustworthy.
Kanter (1983) wrote, "The change master is partly a historian who knows which pieces of the past to honor and preserve while moving toward a different future. The change master is able to anticipate the need for productive change and lead it" (p. 33). These words by Kanter best frame the presentation of this case study. They express the thoughts, ideas, and dreams of those individuals responsible for the transition of Mount Carmel School of Nursing, a hospital-based diploma nursing program, into Mount Carmel College of Nursing, which offers a Bachelor of Science in Nursing Degree.

The designers of Mount Carmel College of Nursing saw the transition from a diploma-based nursing education program to a college offering a Bachelor of Science Degree in Nursing as necessary to meet the challenges of the 21st century in nursing education (ANA, 1965; ANA Cabinet on Nursing Education Task Force, 1985; ANA Commission on Nursing Education, 1979). The goal of the designers was to prepare the professional registered nurse who could address the increasingly complex health needs of individuals and society now and into the future, within an educational environment that espoused the educational mission of the sponsoring body, the Congregation of the Sisters of the Holy Cross (Congregation of the Sisters of the Holy Cross, 1984). This case study analyzes that journey from a dream to reality, focusing
on the organizational design of the college and issues that were encountered in the transition. This investigator defines the organizational design process involved in the transition from a nondegree diploma nursing program to a specialized institution of higher education and analyzes issues involved in that transitional process.

This chapter analyzes the development of Mount Carmel College of Nursing from two aspects — from the organizational design of the College, using the Congruence Organizational Design Model developed by Nadler et al. (1992) as the design framework, and by the analysis of selected issues that occurred in the transition from Mount Carmel School of Nursing to Mount Carmel College of Nursing.

The literature review in Chapter II identified the foundation for analysis of this development process. An expected outcome in the development of an institution of quality was for that institution and the specialized degree(s) offered to be accredited by the appropriate accrediting bodies. Consequently, the analysis of the decisions of the accrediting bodies (North Central Association and National League for Nursing) are also presented.

It is the goal of this researcher that analysis of the development process of Mount Carmel College of Nursing, a specialized institution of higher education, will prove beneficial to those individuals who will have the opportunity to embark on a similar journey of creative development. The proof of the value of the development and analysis of a case study lay in its substantive contribution to others (Clark, 1992).
The Congruence Organizational Design Model

The organizational design model developed by Nadler et al. (1992) (Figure 1) is used to analyze the development process of Mount Carmel College of Nursing and to propose a framework for shaping future similar institutions of higher education. This design model, as adapted for Mount Carmel College of Nursing, is presented in Figure 2. The components of this model will be discussed, first in summary and then in detail.
Figure 1. Congruence Organizational Design Model by Nadler, Gerstein, and Shaw (1992).
Figure 2. Organizational Design Model of Mount Carmel College of Nursing as adapted from the Congruence Organizational Design Model.
Overview

Input includes the elements that at any one time comprise the context which the organization faces, including the material with which the organization has to work (Nadler et al., 1992). The elements of input are environment, resources, and history.

Environment is factors (institutions, groups, individuals, and events) which are outside the organization being analyzed but which have a potential impact on that organization. Critical features are the demands made by these factors and the constraints they place on the organization. Environmental factors analyzed in this case study include: (a) governmental regulatory bodies, the Ohio Board of Nursing, and the Ohio Board of Regents; (b) competitors; (c) professional special interest groups, the American Nurses Association, Ohio Council of Deans and Directors, and the American Association of Colleges of Nursing; and (d) market demographics.

Nadler et al. (1992) define resources as the various assets to which the organization has access, including human resources, technology, capital, and information, as well as less tangible resources, such as recognition in the market. The critical feature requiring analysis is the quality of these resources to determine the strengths and weaknesses of the organization. Resources analyzed in this case study include: (a) physical space, (b) human assets (faculty and students), and (c) financial.

Nadler et al. (1992) describe history as those patterns of past events that may affect current organizational functioning. The critical feature analyzed in this study is the impact that history had on the decision to transform Mount Carmel School of Nursing to Mount Carmel College of Nursing.
The next level of the organizational design is strategy, which Nadler et al. (1992) define as the decisions that allocate scarce resources against the constraints and opportunities of a given environment. It involves the specific choices of markets, offerings, technology, and distinctive competence. Strategy determines both the nature of the work and the organizational output. The critical initial strategy features in this case study are (a) the degree offered, (b) naming of the college, and (c) the cooperative relationship with Franklin University.

The next level of the Congruence Organizational Design Model is a grouping of organizational components (transformation process), which Nadler et al. (1992) define as those components which transform energy and information from inputs to outputs. Organizational components include (a) work, (b) people, (c), formal organizational arrangements, and (d) informal structure and process.

Work is defined as the basic activity in which the organization is engaged. In this case study, the critical work activities are (a) faculty teaching, a component of the educational process, (b) scholarly activity, and (c) community service.

People perform the work. In this case study, key people include (a) faculty, (b) professional staff, and (c) administration.

Formal organizational arrangements are the various structures, processes, and methods that have been formally created to get individuals to perform the work. Critical features analyzed included (a) the College mission, (b) goals, (c) bylaws, and (d) organizational structure.
Informal structure and process refer to the organizational culture in the form of values, beliefs, and rituals. Organizational culture is critical to the overall effectiveness of an organization. Activities analyzed include (a) rituals, (b) a caring environment, and (c) practices of cultural diversity and campus ministry.

These organizational components contribute to the next level of the Congruence Organizational Design Model, output, which is what the organization produces, how it performs, and how effective it is. In this case study, the following critical output factors include (a) accreditation from the North Central Association and the National League for Nursing; (b) academic achievement, including four-year graduation rates, retention and attrition rates, grade point average; and (c) student satisfaction.

Discussion follows on these factors of the Congruence Organizational Design Model as they relate to the Mount Carmel College of Nursing.

**Input**

Input includes the elements that Mount Carmel School of Nursing faced, including the material with which it had to work — environment, resources, and history, considered during the planning period of the College, from June 1985 through the actual enrollment of students in the autumn of 1990.

**Environment - Government Agencies.**

In Ohio, the Ohio Board of Regents (OBR) required that the Ohio Board of Nursing (OBN) grant approval status (or conditional approval status) to a new nursing
program before it would consider authorization of the proposed College. The School administration first contacted its OBN Board consultant in June 1985, to announce its decision to transition from Mount Carmel School of Nursing to Mount Carmel College of Nursing. Communication was ongoing from that time.

On January 26, 1987, the Director of Mount Carmel School of Nursing officially notified the Executive Secretary of the OBN of the intent of the Sisters of the Holy Cross and Mount Carmel Health to pursue the development of a generic baccalaureate nursing program to be located within a new institution, Mount Carmel College of Nursing. The OBN’s Executive Director reminded the School of a standing OBN policy in which a school of nursing, intending to change a nursing program to a different type while continuing to prepare the registered nurse, was required to submit the rationale for the change in lieu of a systematic study demonstrating the need for the new program. The OBN held the view that, because Mount Carmel had conducted a diploma nursing program for over 75 years, the new baccalaureate nursing program at Mount Carmel College of Nursing would already be in the same competitive market for recruiting students to nursing.

The OBN assigned a consultant to the proposed nursing program, and development commenced. The proposal was presented to the OBN on September 15, 1988, receiving conditional approval. The OBN granted full approval in June 1994, following the graduation of the first enrolled class in May 1994.

During the approval process, the OBN identified no major issues. The nursing program within Mount Carmel College of Nursing had the same responsibility and
accountability as any other new nursing program – to address the Board guidelines for new nursing programs in a manner that demonstrated excellence to the OBN.

The other government agency involved in the School’s transition to the College was the Ohio Board of Regents (OBR). In June 1985, representatives of Mount Carmel Health, Mount Carmel School of Nursing, and Franklin University met with the OBR Chancellor to discuss this transition. Franklin University is a private university of approximately 4,000 students, located just four miles from Mount Carmel School of Nursing. A collaborative relationship had existed between Mount Carmel School of Nursing and Franklin University since 1982, and this University was interested in continuing the cooperative relationship with the proposed College of Nursing.

The Chancellor expressed two concerns at this meeting: (a) The College must be totally independent from the Mount Carmel hospitals and (b) the proposed College must maintain full academic control of its educational program(s). The Chancellor presented guidelines for application of a new educational institution to the Mount Carmel representatives. On January 29, 1987, the Administrator of the Department of Authorization, OBR, was officially notified by the administration of Mount Carmel School of Nursing of the School’s intent to transition to Mount Carmel College of Nursing. The OBR appointed a staff consultant to assist Mount Carmel personnel with this transition. Ongoing communication was begun.

Consultants and OBR staff conducted a site survey on April 16-18, 1989, to determine if Mount Carmel College of Nursing had met the requirements of Ohio Revised Code (1994), to obtain a Certificate of Authorization for the purpose of
establishing a College of Nursing which would offer a Bachelor of Science in Nursing degree. A peer review process was in place within the OBR in which Ohio Deans and Directors evaluated a new nursing program's ability to meet the OBR criteria for developing new baccalaureate degrees in nursing programs. Because of the stance taken by these Ohio Deans and Directors, i.e., that the proposed nursing program at Mount Carmel College of Nursing was not needed in Columbus, the OBN agreed to invite peer consultants in nursing from outside Ohio to participate in this survey visit. The evaluation team included (a) the academic dean and provost of Miami University (Oxford, Ohio), the dean of West Suburban College of Nursing (Oak Park, Illinois); (b) the dean and professor of the College of Nursing from the University of Florida (Gainesville, Florida) and the chair for the Council of Baccalaureate and Higher degree Programs for the National League for Nursing; (c) a professor in the College of Nursing from Emory University (Atlanta, Georgia) and chair of the Board of Review for the Council of Baccalaureate Programs, National League for Nursing; (d) the Administrator of Program Authorization, OBR; and (e) a staff member from the OBR. The appointment of out-of-state nursing consultants to this survey team conceivably averted a major conflict of interest issue for the College of Nursing with the Ohio Deans and Directors.

The first reaction of Mount Carmel College officials to the out-of-state survey team was concern about the close working relationships the nurse consultants had with the National League for Nursing (NLN), the specialized accrediting body for nursing. The NLN had been hesitant to accredit nursing programs based in single-purpose
colleges because such nursing programs supposedly could not offer the breadth, depth, and quality of nursing programs in university settings. Analysis of the April 1989 survey visit revealed that the consultants became convinced during that visit of the potential for excellence that Mount Carmel College of Nursing could achieve, and became College advocates to the NLN. The Chancellor of the OBR, in his written response to college administration, stated, "As you analyze the consultants' report and prepare your responses, please bear in mind that the consultants have expressed support for the continued development of the program and have offered to provide their assistance. I view this as a most encouraging and significant endorsement of purpose" (Chancellor William Coulter, personal communication, June 7, 1989).

On June 21, 1989, the College received the survey team's recommendation that the requested college status and Bachelor of Science in Nursing Degree Program should be deferred until the following concerns of the consultants were appropriately addressed (Mount Carmel College of Nursing, 1989a):

1. The organizational structure and governance structure were unclear.
2. The roles of the President/Dean and Associate Dean seemed to overlap.
3. There was a lack of adequate science laboratory facilities at both Franklin University and Mount Carmel College of Nursing to appropriately support baccalaureate nursing education.
4. The criteria for program evaluation were not presented.

On October 26, 1989, the college faculty and administration presented materials to the OBR that addressed each of these documented weaknesses. At the OBR's
quarterly meeting on March 15, 1990, the Regents officially accepted the materials presented by the College and granted the College a Certificate of Authorization. The impact of this decision could be felt in the words of the Regent’s Director of Authorization, who was quoted in the local newspaper, “The switch from a diploma granting institution to a degree granting one is a departure from the norm” (Miller, 1990). Based on the positive Certificate of Authorization experience of Mount Carmel College of Nursing, this writer recommends to other people interested in developing higher education institutions that obtaining peer evaluators from out of state would be in their best interest.

In analyzing the working relationship of Mount Carmel College of Nursing personnel with the OBR, this writer believes that the dominant question for designers of new single-purpose institutions of higher education who want to transition from nondegree educational institutions is, “Who has academic control of the new, degree-granting single-purpose institution of higher education?” Academic control must rest within the governance of the college and not within an outside agency.

**Environment - Competitors.**

Within a radius of 20 miles, there were five major competing colleges with nursing programs, four offering baccalaureate degrees and one offering an associate degree. The four colleges offering the baccalaureate degrees were opposed to the start-up of a new nursing program in the area and the development of Mount Carmel College of Nursing for the following perceived reasons:
1. Philosophically, they could not support a hospital granting an academic degree.

2. Philosophically, they could not support a single-purpose institution inasmuch as the institution would not be in the best interest of student development — students would be isolated from faculty and students of other disciplines and would lack the opportunity to experience the breadth and depth of a liberal arts education.

3. The nursing program would negatively impact the recruitment of nursing students in three of the competing baccalaureate nursing programs, which reportedly had unfilled classroom seats. The new program would tap into the same pool of students from which they recruited.

4. One competitor was concerned about the impact of the new nursing program on the recruitment of faculty.

5. Two of the four baccalaureate nursing program directors believed that a fifth baccalaureate nursing program would put a strain on locating appropriate sites for clinical experiences, particularly in psychiatric nursing.

One of the directors applauded the closing of the School of Nursing but did not approve the College of Nursing based on her belief that it would not be a legitimate institution of higher education. A second director wanted to combine facilities of Mount Carmel School of Nursing with her own institution and create one nursing program which would be offered at her site. She believed such a move would preserve the identity of Mount Carmel School of Nursing by incorporating the name into that of her own nursing program and enhance the overall excellence of nursing education.
After analysis of the above concerns, College planners determined that the concerns were unfounded. Mount Carmel School of Nursing was already in the same recruiting market as colleges with baccalaureate programs, and the recruitment market would not change with the opening of Mount Carmel College of Nursing. The same clinical sites used by the School of Nursing for psychiatric nursing experiences would be used by the college students. To reinforce their position, Mount Carmel College personnel conducted a survey of 26 community facilities to determine their willingness to permit Mount Carmel College of Nursing students to have clinical experiences in their institutions. All 26 of these facilities agreed that space was available and that they would welcome Mount Carmel College students rotating through their facilities. Furthermore; this researcher determined that lack of knowledge and information about single-purpose institutions was the cause of some of the directors' expressed issues (Fitzpatrick, 1985; Kerins, 1989; Lane, 1986). For example, Mount Carmel Medical Center, a hospital, would not be operating the College of Nursing (Amos, 1986); it would be a subsidiary of Mount Carmel Health, a holding company.

Amid all of the opposition, only the director of the college with the associate degree nursing program was supportive, and she even suggested that its graduates might matriculate to Mount Carmel College of Nursing to earn Bachelor of Science Degrees in Nursing. In summary, this writer concluded that three competitors, although they were factors in the environmental input, did not have a negative impact on the development of the College, based on an evaluation of the issues which they expressed.
Environment - Special Interest Groups.

Analysis was made of the literature review of the positions of two professional organizations (the American Nurses Association and the American Association of Colleges of Nursing) and from written correspondence of the Ohio Council of Deans and Directors. Their opinions are summarized below.

The American Nurses Association (ANA) had held the position for years that the education of those individuals licensed to practice nursing should take place in institutions of higher education and that the minimum preparation for beginning professional nursing practice should be a baccalaureate degree (ANA, 1965; ANA Cabinet on Nursing Education Task Force, 1985; ANA Commission on Nursing Education, 1979). Although some influential members of the ANA spoke out against single-purpose institutions offering a baccalaureate in nursing degree (Amos, 1986; Fitzpatrick, 1985; Kerins, 1989; Lane, 1986), the organization itself did not enter into that debate. Therefore, the position of the ANA served as a supporting theme for the transition of Mount Carmel School of Nursing to Mount Carmel College of Nursing in that graduates of the College would earn baccalaureate degrees in nursing.

Also considered was the American Association of Colleges of Nursing (AACN), whose membership consisted of deans and directors of baccalaureate and higher degree programs in nursing. The organization's Mission Statement emphasized that, as the national organization for America's university and four-year college nursing education programs, AACN served the public interest by assisting deans and directors to improve and advance nursing education, research, and practice (AACN, 1995).
The AACN (1984) did not support single-purpose institutions in the early 1980s because they were not based in comprehensive colleges and universities. Single-purpose institutions of nursing were not accepted for membership into this organization in 1985. A review of this organization’s position on single-purpose institutions in 1994 provided evidence of a change in philosophy in that its opposition to single-purpose institutions had ceased, and among their constituencies were several single-purpose colleges of nursing, including Mount Carmel College of Nursing. No explanation was offered for this change in philosophy. That many single-purpose institutions were fully accredited by both regional and specialized accrediting bodies might have influenced their position. Support from AACN was not critical to the development of a new baccalaureate nursing program in that the AACN had no power of accreditation or certification; but, certainly the ongoing dialogue with peers was a tremendous advantage in achieving excellence in a baccalaureate nursing program.

For final consideration was the Ohio Council of Deans and Directors (OCDD), which held no direct influence over the right for a single-purpose college of nursing to exist in Ohio, but did function closely with the Ohio Board of Regents (OBR) by recommending the OBR’s certification criteria. The Ohio Council of Deans and Directors opposed the development of Mount Carmel College of Nursing, evidenced in its position statement dated June 1987 and in a position letter written to presidents of all Ohio institutions of higher education, dated August 7, 1987 (Appendix A). It should be noted that the deans of the three Columbus area nursing programs who had expressed strong reservations about the development of Mount Carmel College of Nursing were
members of this organization. The Ohio Council of Deans and Directors stated, "Professional nursing education should be maintained within established comprehensive senior colleges and universities (personal communication, August 7, 1987). Their position statement presented several issues of concern:

1. Mount Carmel Medical Center, a hospital, should not have authority for Mount Carmel College of Nursing (educational resources and program of study) because the hospital's mission and expertise were in patient care.

2. The Mount Carmel College of Nursing faculty would not have the proper credentials because the faculty would come from Mount Carmel School of Nursing which was not an institution of higher education.

3. Mount Carmel College of Nursing would have inherent problems maintaining ongoing financial support and hiring of qualified faculty.

4. Mount Carmel College of Nursing would have difficulty meeting the accreditation criteria of the North Central Association and the National League for Nursing.

These issues indicated a lack of information about the institutional development of Mount Carmel College of Nursing. The College was structured as a subsidiary corporation of Mount Carmel Health, the holding company, just as Mount Carmel hospitals were structured, and financial support came from this holding company. There was no direct reporting relationship to the Mount Carmel hospitals. The College was sponsored by the Congregation of the Sisters of the Holy Cross, which also sponsored St. Mary's College in Notre Dame, Indiana. Faculty members from the
School of Nursing applied for available positions on the Mount Carmel College of Nursing faculty, and regional advertisement was conducted to assure that qualified faculty were hired.

The Ohio Council of Deans and Directors' position letter (personal correspondence, August 7, 1987) stated that programs of study in professional nursing should be financed in the same manner as other higher education programs and should not receive patient service funds or funds from other resources available to health care agencies (Appendix A). The position letter further stated that closing a hospital school of nursing would benefit taxpayers, as taxpayers would then no longer be required to pay for nursing education. Their belief was that cost rates were higher in hospital that supported diploma nursing programs. This study notes that every acute hospital which has student nurses providing direct patient care in their facilities is eligible for federal financial reimbursement. State-supported universities with academic health centers which include nursing programs not only receive taxpayers' dollars by way of a yearly state subsidy but also receive federal reimbursement for the hours that student nurses practice in their facilities as well as for cost overhead. This money can be used by the university to offset the cost of nursing education.

In April 1988, the OCDD shared its concerns directly with the administration of Mount Carmel College of Nursing via a phone conversation by the Council's President. The OCDD President expressed surprise at the collegiate structure of the College and expressed regret that the Council had not verified its information prior to sharing its concerns with others.
Environment - Market Demographics.

As early as 1964, a report to the OBR, supported by the Ohio Nurses Association (ONA) and the Ohio League for Nursing (OLN), conveyed concern that Ohio was not graduating nurses qualified for leadership positions crucial to expanding the profession. The report called for expansion of baccalaureate nursing programs and recommended that accredited diploma programs phase out in an orderly fashion as the baccalaureate nursing programs expanded (Ohio Department of Health, 1964).

In 1991, the Commission on Nursing in Ohio was authorized by the 118th General Assembly to (a) assess the supply of nurses in Ohio, (b) examine factors influencing the supply and demand of nurses, and (c) make recommendations to alleviate the shortage of nurses (Ohio Commission on Nursing, 1991). It was concluded that the shortage of nurses was widespread, cutting across all health-care delivery settings, and was primarily a result of increased demand. In 1990, there were 20 general baccalaureate nursing programs with a total enrollment of 3,874 students, a gain of 18% from the previous year. Although the shortage of registered nurses in Ohio was evident, the number of baccalaureate-prepared nurses was increasing.

Resources - Physical Space.

During the transition period (August 1990 through June 1993), physical space was shared by both the School of Nursing and the College of Nursing (Mount Carmel College of Nursing, 1994d). The physical space is described as follows:
The site consisted of approximately 63,000 gross square feet, located on the Mount Carmel Health campus of approximately 17.5 acres. Within 2 miles were Franklin University and the cultural and business services of downtown Columbus, Ohio. Within 7 miles were Ohio State University and Capital University. The campus was served by the Mount Carmel Health libraries, which provided a variety of services to students and faculty.

The campus included a mix of administrative and faculty areas and instructional, recreation, and support services space. The faculty and professional staff occupied 31 offices – 24 single offices and 7 shared offices – renovated in the summer of 1991. Within the faculty office area were a conference room with a seating capacity of 14, a faculty workroom with personal computers, and a lounge.

The instructional area consisted of five classrooms of various capacities and types (20-93 seats, tiered or level flooring), three conference rooms, and two laboratories. The nursing skills laboratory accommodated 30-35 students and consisted of seven simulated patient-care units. The chemistry-microbiology lab, which was renovated in 1993, contained 28 student work stations, each equipped with a ventilation desk hood. The anatomy and physiology lab, which was renovated in 1990, accommodated 32 students.

Recreational areas included the gymnasium/auditorium with stage, recreation room (remodeled in the autumn of 1992), an exercise room, and a formal lounge (with kitchen) of 3,000 square feet which was refurbished in May 1993. The residence halls, with cooking facilities and lounges, housed 65 students. Most rooms were private; one
hall was designated for coed occupancy. The residence hall also served commuter students with several rooms designated as study rooms for commuting students. The campus mall provided a landscaped park-like setting.

The environment of sharing space did not present major difficulties for students and, in fact, seemed to have positive consequences. Students from the two institutions interacted socially and discovered that, although the two nursing programs differed in design and structure, each in fact had a quality nursing program. The positive perceptions of the students to each nursing program could conceivably work to solidify the one alumni organization in future years.

This writer perceived that the sharing of space was problematic for faculty members. During the 1990-1991 academic year, both faculties and both professional staffs were enthusiastic. The diploma faculty was intact, and there were only four college faculty members. As the transformation process continued, however, the diploma faculty began to experience the loss of the School of Nursing. Several members came to resent the uplifting spirit and enthusiasm of the college faculty, which were gradually increasing in number and voice. A rising tension between the faculties became noticeable. The decision to share physical space was nonetheless a sound decision and, in fact, the only viable option once the decision was made to admit students into both nursing programs in the autumn of 1990.
Resources – Human Assets.

The first human asset resource to be considered was the faculty. By 1994, the College faculty and professional staff had grown to 29, consisting of 23 full-time and 6 part-time members. Seven of the members comprised the professional staff. Three faculty members taught general education courses, and the remaining faculty members taught the nursing courses. Additionally, the College had appointed six adjunct faculty members. In keeping with an established goal of the College, providing excellence in teaching, a high percentage of faculty’s time was spent in classroom, laboratory, or clinical settings, or in activities related to teaching.

Faculty members teaching the general education courses had at least master’s degrees (one had a doctorate degree). All full-time faculty members teaching nursing courses held master’s degrees in nursing, which was the minimum academic standard at the time as recommended by the National League for Nursing (1992). In 1994, 11 faculty members were engaged in graduate studies, six at the dissertation phase of their doctoral studies. Fifty-seven percent of the college faculty and professional staff taught or worked in the School of Nursing at the time of the transition to the College. In the School of Nursing, professional staff members were considered to be faculty, and they participated in the decision-making process to transition from the School of Nursing to the College of Nursing. The decision was recorded in Mount Carmel School of Nursing (1985) faculty minutes, by the resolve “to pursue the development of a free-standing baccalaureate in nursing degree program at Mount Carmel College of Nursing, Columbus, Ohio” (p. 2).
Two important faculty issues emerged in the transition from the School to the College, as evidenced in a questionnaire given to School of Nursing faculty member in October 1987 — concern for job security and personal stress. In keeping with the recommendation of both the Ohio Board of Regents and the Ohio Board of Nursing, the College administration decided that there would be no automatic transfer of faculty from the school to the College. This decision undoubtedly contributed to the identified faculty issues. Questions being asked by faculty members included (a) “Will I have a future at Mount Carmel?” (b) “will I need to look for a new job?” and (c) “do I need to return to graduate school?” It was also apparent from feedback on the questionnaire that faculty members wanted to be involved in the planning for the transition of the School to the College.

Bernard (1971) suggested that role conflict and stress among faculty members tend to be greatest in institutions undergoing rapid and basic change. He stated, “It is not the actual pressures which seem to be generating the degree of conflict experienced among faculty, but the inarticulated demands” (p. 23). Anger, concern, frustration, and fear are normal reactions to dramatic change (Bassett & Metzger, 1986). Kratroski (1969) found that, among a sample of Catholic educational institutions, faculty productivity was lowest at those institutions in the transition process from a more traditional to a more professional orientation. Johnson (1978) found that faculty support for and participation in new initiatives was guided by the initiative’s feasibility, faculty familiarity with the initiative, and how the initiative was likely to affect the faculty’s organizational status. Faculty members disengaged from participation in
decision making often resisted or rejected change and created faculty stress. Alfred (1985) concluded that lack of power and lack of opportunities for participation in decision-making could negatively affect faculty productivity. To be effective, change needed to be accompanied by rewards and recognition (Alfred, 1985). Aspirations, work commitment, and a sense of organizational responsibility could result from opportunity. People in “dead-end” jobs could lose interest in their work environments. They might even resist innovations and new ideas and behave as though they should protect the organization against new influences (Kanter, 1977).

Several activities were initiated to overcome perceptions of job insecurity and personal stress. First, the Director of the School of Nursing in 1987 emphasized the NLN criteria that faculty members in baccalaureate nursing programs needed master’s degrees in nursing as the minimum education requirement, and work experience in such programs was encouraged. Therefore, faculty members in the School of Nursing were encouraged to academically prepare themselves to become the best candidates for the College faculty positions. Those faculty members with graduate degrees not in nursing were encouraged to return to academic pursuits and obtain graduate degrees in nursing. A tuition reimbursement program was available to them, and adjustments were made in their weekly work schedules. Those faculty members who were not interested in applying to the College and who wanted to continue to work in the Mount Carmel Health system were offered professional registered nurse positions. Six professional staff members and 14 faculty members made the transition from the School of Nursing to the College of Nursing by the autumn of 1993.
An open forum was held for faculty in the School of Nursing on November 30, 1987, to openly discuss faculty responses. At that time, faculty members determined that monthly open forums would be beneficial, focusing on three facets of caring – caring for self, caring for faculty, and caring for students. Mount Carmel Health Center for Human Empowerment personnel served as facilitators for discussion of concerns, issues, self-strategy planning, and career-strategy planning. These open forums not only promoted open communication but provided the opportunity for faculty members to share feelings of anger, concern, frustration, and fear within a caring atmosphere.

The School faculty organized a series of events celebrating the long history of excellence of the School of Nursing and the transition to the College of Nursing. The theme, "Roots to Wings," underscored this time of celebration as a powerful period for faculty caring and healing.

To carry out the detailed planning for the development of the College and the nursing program, a core committee, composed of five faculty members and one College administrator, was appointed by the College administration in January, 1987. This committee made most development recommendations with School faculty approval, until the College Dean of Academic Affairs was appointed and joined the group in late 1988, at which time the work was transferred to a College planning committee. This transfer of decision making from School to College personnel might well have contributed to feelings of isolation by some School faculty.

In the autumn of 1990, the last class of students entered the School of Nursing, and the first class of students entered the College of Nursing. This began the time of
greatest personal stress and concern for job security for School faculty members because they began to experience the actual phase-out period of the School. Those diploma nursing faculty members who did not transition to the College in the autumn of 1991 were able to move to the second year of the diploma nursing program, but, by June 1992, many of those faculty members had to move to positions in Mount Carmel Hospital or outside the Mount Carmel Health System altogether.

The academic year 1992-1993 presented School faculty members with another transition issue. The decision had been made by School and College administration to enroll students in both the diploma nursing program and the baccalaureate nursing program in the autumn of 1990. This decision, made to assure the yearly graduation of future registered nurses, impacted selected faculty members who, in 1992-1993, taught in the senior year of the School but who were also eligible to teach in the College. Those faculty members would have to either teach in both nursing programs concurrently or resign from the School of Nursing.

From the inception of this transition, a commitment had been made to maintain the high standard of quality of the diploma nursing program until the last students had graduated in June 1993. Without the total support of School faculty members and College-eligible faculty members, this commitment would have been compromised. By agreeing to teach concurrently in both nursing programs, those faculty members experienced even greater stress. Their commitment to the diploma nursing program, its students, and to the Congregation of the Sisters of the Holy Cross made possible the continuation of the standard of excellence in the diploma program.
Another scenario had been considered. Would it not have been more feasible to phase out the diploma nursing program in 1989, and not accept a diploma class in the autumn of 1990, thereby preventing the overlap of the senior year of the diploma program and the junior year on the baccalaureate nursing program in the 1992-1993 academic year? The decision to accept students in both programs in the autumn of 1990 proved to be sound. Faculty members were agreeable to the short-term, double workload, and they were financially rewarded; the quality of education was maintained; students from both programs benefited; and Mount Carmel School of Nursing maintained a yearly graduation.

The second human asset resource was the student body. The College enrolled 49 students in the autumn of 1990 and steadily increased the enrollment to a high of 100 entering students in the autumn of 1994. Most of the students came from Franklin County (in which the College was located) and the surrounding counties of Delaware, Licking, Pickaway, Fairfield, Union, Ross, and Madison.

Initial consideration was given to the potential pool of students. Information collected over a period of several years indicated that most of the students in the diploma nursing program planned to eventually earn baccalaureate degrees in nursing. Furthermore, the diploma nursing program was already recruiting academically-qualified students for admission to a college-based program. The admission criteria to the diploma program was comparable to criteria required for enrollment in the higher education institutions in the Columbus area which had nursing programs. Mount Carmel College of Nursing would likewise have comparable admissions criteria.
The decision in March 1990 to announce that the College would enroll its first class of students in the autumn of 1990 was based partly on the belief that a minimum number of 30 students could be recruited for that first enrolled class. Approximately five months were available to accomplish that goal. In analyzing this decision to move forward with the opening of the College, it could be concluded that the success of the action was based in part on the decision to offer students, who had been accepted into the diploma nursing program in the autumn of 1990 and who met the admission criteria of the baccalaureate nursing program in the college, the opportunity to enroll instead into the baccalaureate nursing program. One hundred students had already been accepted into the diploma program, and there was a large waiting list of eligible students wanting to enroll in that program. All College-eligible students from the pool of freshman class students wanting to enroll in the autumn 1990 diploma class were given the one-time option of enrolling in either the diploma nursing program or the college baccalaureate nursing program. Approximately 50% of the eligible students chose the college program. Most of the students indicated that their educational goal was to earn a baccalaureate degree in nursing, but they had chosen the diploma nursing program because of its excellent reputation. These students understood that this new College nursing program was not accredited by the National League for Nursing. Those students who chose to remain in the diploma nursing program did so because of its proven quality, and because it was fully accredited.

A potential issue confronted students who enrolled in the College in the autumn of 1990 — inasmuch as the College had not achieved candidacy status with the North
Central Association of Colleges and Schools, the students were not eligible for federal financial assistance. The College was not eligible for candidacy status from the North Central Association until the first class of students was enrolled and actually taking classes. In analysis, the College was innovative in its approach to this problem for the 1990-1991 academic year. A contractual relationship existed with Franklin University, in which Mount Carmel College of Nursing students registered for selected general education course work at Franklin University. The Ohio Board of Regents and U.S. Department of Education recognized this course work as part of the total curriculum plan of Mount Carmel College of Nursing. Students enrolled in a minimum of 12 semester credit hours collectively from Franklin University and from Mount Carmel College of Nursing were recognized as full-time students at Mount Carmel College of Nursing. These students, for the 1990-1991 academic year, were therefore eligible for federal financial aid. Those students who did not qualify for full-time status at Mount Carmel College of Nursing during the 1990-1991 academic year were granted institutional aid from Mount Carmel College of Nursing, based on federal financial aid guidelines. This issue did not exist by the 1991-1992 academic year, as the College had achieved candidacy status from the North Central Association of Colleges and Schools and was therefore eligible for its students to receive federal financial aid.

Enrolling students from two different nursing programs during this transition period presented no apparent difficulties for students, because both the School and the College maintained the same educational philosophy of the sponsoring body, the Congregation of the Sisters of the Holy Cross. The culture of the environment was
experienced the same by students in both nursing programs during the period of 1990 through 1993.

**Resources – Financial.**

The financial stability of the college was a contributing factor in the success of the transition from the School to the College. The major sources of income for the college were tuition, fees, and a subsidy from Mount Carmel Health, a fiscally-sound corporation. Because of the contractual relationship, Mount Carmel Health subsidized all costs incurred by the College but not covered by College-generated income.

Expenses for the College included both direct and indirect (or allocated) expenses. Direct expenses included faculty and staff salaries, benefits, and operating costs. Indirect expenses were derived from services provided by the holding company, Mount Carmel Health, including human resources, marketing and communications, safety and security, environmental, library, plant operation, fiscal, food, printing, and telephone services.

In 1994, the College of Nursing continued to be financially subsidized by Mount Carmel Health, based on the contractual relationship. One financial issue was the stated position of College administration that the College would be at a minimum, break-even with direct expenses (salaries, benefits, and operating costs) by fiscal year 1997 (Mount Carmel College of Nursing, 1994d). The feasibility study by Birch & Davis Associates (1986) originally projected that the College could break even with direct expenses by the end of Year #9 of operations (1990-1999). An analysis of the financial status of the
College was made for the 1993-1994 academic year. A review was made of the original financial projections submitted to the Ohio Board of Regents in January 1989 and the actual financial status as reported to the College Board of Trustees at the June 1994 board meeting (Table 1).

Table 1

Comparison of Projected and Actual Student Costs for the 1993-1994 Academic Year

<table>
<thead>
<tr>
<th>Costs</th>
<th>Projected</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical nursing courses per semester credit</td>
<td>$330</td>
<td>$362</td>
</tr>
<tr>
<td>General education courses per semester credit</td>
<td>$130</td>
<td>$154</td>
</tr>
<tr>
<td>General college fees per semester*</td>
<td>$80</td>
<td>$122</td>
</tr>
<tr>
<td>Total 4-year cost per student*</td>
<td>$26,509</td>
<td>$29,205</td>
</tr>
</tbody>
</table>

*a General fees were charged per semester for skills lab, computer lab, health & library, standardized tests, and student activities.

*b Total costs included tuition, fees, and housing.

Table 2 shows a much greater increase in both income and expenses for the 1993-1994 academic year than was originally projected. Among the increased expenses was the greater-than-projected number of personnel hired.
Table 2

**College Income and Expenses**  
**for the 1993 - 1994 Academic Year**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Projected</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income derived from student tuition, fees, and housing</td>
<td>$1,158,825</td>
<td>$1,971,041</td>
</tr>
<tr>
<td>Expenses</td>
<td>$1,204,278</td>
<td>$2,313,046</td>
</tr>
<tr>
<td>Total net/loss</td>
<td>($45,453)</td>
<td>($342,005)</td>
</tr>
</tbody>
</table>

Table 3 reflects the increase in personnel, resulting from the increase in enrollment.

Table 3

**College Personnel**  
**for the 1993 - 1994 Academic Year**

<table>
<thead>
<tr>
<th></th>
<th>Projected</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators &amp; Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Part</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Professional &amp; Support Staff</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Full</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Part</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

To reach the 1997 projected goal of the College to financially break even on income and expenses, costs needed to be reduced or at least maintained, and income needed to increase. It was determined that increasing enrollment in the baccalaureate nursing program alone would not be the answer: (a) At some point, the physical plant to accommodate this intense curriculum would reach its capacity, and (b) tuition and
fees for the baccalaureate nursing program had increased by 9% for each of the three years the program was in existence. Rather, there should be a diversity of programs — a baccalaureate nursing track for registered nurses and selected nondegree, health-related certificate programs which would increase enrollment but put less of a strain on the physical plant. Additionally, the college general education courses should be marketed to the public. No program initiative should be considered that would not generate a positive cash flow.

**History - Historical Perspective.**

As noted in the literature review on the historical movement of nursing education into higher education, the trend in nursing education was for the bachelor of science in nursing degree to be the minimum educational requirement for registered nurses (ANA, 1965; ANA Cabinet on Nursing Education Task Force, 1985; ANA Commission on Nursing Education, 1979; Brown, 1948; National Commission for the Study of Nursing and Nursing Education, 1970; Winslow & Goldmark, 1923).

**History - Process of Strategic Decision-Making.**

Mount Carmel School of Nursing, a three-year diploma nursing program established in 1903, had long held an excellent reputation for graduating well-qualified registered nurses. The School's success rate on the national licensing examination was outstanding — over 94% of all graduates passed the exam, and these graduates demonstrated expertise in clinical practice as identified by employers in graduate
surveys. The Mount Carmel graduate was readily hired into nursing positions. But in the early 1970s, discussion began as to the feasibility of continuing the School of Nursing. In September 1970, the Director of Mount Carmel School of Nursing and this researcher, then Associate Director of the School of Nursing, met with the Chancellor of the Ohio Board of Regents (OBR) to discuss the School of Nursing becoming a degree-granting institution. The Chancellor advised that the OBR had the right to grant a certificate of authorization to nonprofit organizations to award a degree, and that obtaining this certificate of authorization would be a fairly simple procedure for a nonprofit teaching institution that had been in existence prior to 1967. The procedure would entail amending the institution's corporate charter (Ohio Revised Code, 1994).

In 1971, a feasibility study of the nursing program was conducted by Herman Smith Associates (1971), hospital consultants from Chicago.

We believe that Mount Carmel School of Nursing should look forward to the day when community needs for nurses will be met by baccalaureate and associate degree programs in nursing. However, accurately predicting the time when this will be true is impossible. The best plan will be an orderly transition when difficulty in attracting qualified students and faculty, or rising costs make it impossible to maintain a high quality program. (p. 40)

Following the Herman Smith Associates feasibility study in 1971, the School of Nursing continued as it had done since 1903, to graduate registered nurses who were well-prepared to function in the nursing profession. In the early 1980s, the nursing
profession, fueled by the American Nurses Association's position that the entry level of nursing practice be a baccalaureate degree in nursing, began a concentrated push to close three-year diploma nursing programs. Nationally, the annual admissions to basic nursing education programs fell by 4.5% during 1984 to 1987. Diploma programs experienced the most dramatic drop — admissions plummeted by almost 17%. In 1987, the National League for Nursing predicted that, of the 229 remaining diploma nursing programs in the United States, 82 would cease existence by 1989 (National League for Nursing, 1987).

In 1985, the administration and faculty of the existing diploma nursing program responded to the request of the President of Mount Carmel Health, the parent corporation of this nursing program, to study nursing education at Mount Carmel and to recommend the Mount Carmel's future in nursing education. Several faculty task forces were formed to study options, which included (a) closing the diploma nursing program, (b) maintaining status quo of this program until closing became inevitable because of the decreased demand for diploma-prepared registered nurses, and (c) transitioning the diploma nursing program to a college which would offer either an associate degree or baccalaureate degree in nursing. Offering either the associate or baccalaureate degree in nursing would call for the development of an institution of higher education from which the degree could be granted. In June 1985, following an in-depth study of nursing education throughout the United States, the faculty recommended transitioning to a baccalaureate degree nursing program. The model proposed would be the establishment of a private nonprofit college, sponsored by the
Congregation of the Sisters of the Holy Cross. The College would offer a four-year bachelor of science degree in nursing. The College would be the sole granter of the degree but would continue a cooperative relationship with Franklin University, whereby students could earn academic credit in selected general education courses.

In October 1986, Birch & Davis Associates, a consulting firm from Silver Spring, Maryland, presented its feasibility study findings to School of Nursing planning officials, recommending approval by the Board of Trustees for the diploma nursing program officials to continue pursuing the development of a freestanding, degree-granting institution offering a baccalaureate degree in nursing. Two internal approvals were obtained: (a) On January 14, 1987, Mount Carmel Health Board of Trustees formally approved the development of a freestanding, degree-granting institution and (b) in June, 1988, the Holy Cross Health System, a holding company of which Mount Carmel Health was a first-tier subsidiary, gave its approval, which was supported by the Congregation of the Sisters of the Holy Cross, the sponsoring body. During the time period of January 1987 through June 1988, the planning proceeded for a freestanding, degree-granting institution. In 1988, the College of Nursing became incorporated.

Opinions and advantages supporting this transition to a College included:

1. The College would promote the values intrinsic to the educational mission and healing ministry of the Sisters of the Holy Cross (Congregation of the Sisters of the Holy Cross, 1984).

2. The baccalaureate-prepared nurse was viewed as the professional nurse by nursing leaders.
3. The American Nurses Association and National League for Nursing supported the entry level at the baccalaureate level.

4. There was a projected nursing shortage of baccalaureate-prepared nurses within the near future.

5. Mount Carmel College of Nursing would have the facilities and resources necessary to prepare the baccalaureate nurse.

6. Mount Carmel College of Nursing would be less costly to the student than would other nursing programs in private institutions in the Columbus, Ohio, area.

7. The College would be less costly to operate than would the School of Nursing.

Opinions and disadvantages not supporting this transition to a College included:

1. It would be a pioneering effort in the development of a freestanding, single-purpose degree-granting institution.

2. The College would need to become a separate corporation.

3. Although definitely obtainable, the process involved in meeting requirements of accrediting bodies would be difficult.

4. There would potentially be resistance from some parties regarding the feasibility of a freestanding, single-purpose degree granting institution.

An analysis in 1994 of these advantages and disadvantages revealed that all were valid, with the exception of the projected nursing shortage. In 1994, because of the high cost of health care and the restructuring of the health-care delivery system in the United States, there was no shortage of registered nurses, other than master’s-
prepared nurses certified in advanced practice. Registered nurses were being replaced in many health-care facilities by unlicensed assistants. The College of Nursing was less costly to operate, but it did not meet the original 1987 financial projection of a loss of less than $100,000 in 1994 and a break-even point in 1995. In reality, a revised financial cost projection at the end of the fourth year, 1994, showed an actual loss of $342,000, and the revised projected break-even point would come in the year 1999.

Although all disadvantages proved to be accurate, they nonetheless produced positive outcomes. The major internal issue was the initial hesitancy on the part of the Congregation of the Sisters of the Holy Cross (1984). Its final approval was based on three factors. First, this educational endeavor would be in keeping with its philosophy of education.

Our ministry as educators demands that we aim at both the breadth of vision and the creativity necessary to address the challenges of our times, and that we commit the time and energy necessary to facilitate the integration of the many dimensions of the learning experience in a Christian vision of life. (p. 1)

Second, the College would have the financial and personnel resources to achieve a quality program. Third, the financial operation of the College would be cost-effective. In analyzing the impact which history played in the ability to develop a College of Nursing, this researcher quotes the Chancellor of the Board of Regents in June 1985 (personal communication, June 1985): “We will approve your proceeding with the development of the application for a new educational institution on the basis
that Mount Carmel School of Nursing has been a successful, quality based institution for over 75 years. I believe that you are truly convinced that you have the resources to continue such an excellent tradition."

**Strategy**

Following a one-year study in which these Input factors — environment, resources, history — were considered in-depth, the faculty of Mount Carmel School of Nursing recommended to the Mount Carmel Health Board of Trustees that the School should transition to Mount Carmel College of Nursing. In keeping with Organizational Design Model, the next consideration was Strategy, which included degree offered, naming of the college, and the cooperative relationship with Franklin University.

**Degree Offered.**

Study had already confirmed that offering a bachelor of science degree in nursing was both feasible and necessary to the continued success of nursing education at Mount Carmel. Additionally, it was critical to have the total commitment of the sponsoring body, the Congregation of the Sisters of the Holy Cross; the financial commitment of the holding company of the College, Mount Carmel Health; and the expert leadership that could guide the development of a college that would meet all standards of excellence as identified by accrediting bodies.
Naming of the College.

Initially the planners gave consideration to the college becoming incorporated as simply "Mount Carmel College," but the Ohio Board of Regents was very conservative in its guidance to this new college. It strongly recommended that, because the College planned to offer only a degree in nursing, the College name should reflect that. The College became incorporated as "Mount Carmel College of Nursing."

The Board consultant also advised that, because of the magnitude of the undertaking to develop a college, the college administration should focus initially only on development of a generic nursing program and not consider the concurrent development of a baccalaureate completion program for registered nurses. This advice was followed, based on the critical need of the College to obtain a Certificate of Authorization from the Ohio Board of Regents.

Cooperative Relationship with Franklin University.

Franklin University, accredited by the North Central Association of Colleges and Schools, was a private, independent, coeducational nonprofit university with an enrollment of approximately 4,000 students. The diploma-granting School of Nursing had enjoyed a mutually-beneficial relationship with Franklin University since 1979. Franklin University provided the general education courses that were a part of the Mount Carmel School of Nursing curriculum. Revenue was gained by Franklin University, and excellent general education courses, library, and the opportunity to share knowledge with a diversity of students were available to Mount Carmel nursing
students. As the College was developing, it was desirable for it to continue this relationship with Franklin University. Subsequently, a statement of intent was signed in September 1988 between Mount Carmel College of Nursing and Franklin University, and a contractual agreement between the two institutions of higher education was finalized in September 1990 (Mount Carmel College of Nursing, 1994d).

A critical issue in the contractual relationship between Mount Carmel College of Nursing and Franklin University was a clear position on which institution would grant the degree. The Board of Regents in Ohio, unlike some other states, would not approve the granting of a joint degree. The College of Nursing had to clearly identify itself the sole granter of the bachelor of science degree in nursing. At the request of College administration, Franklin University provided selected general education courses. Of the 133 semester credits needed to earn the degree from Mount Carmel College of Nursing, 38 of those credits were provided by Franklin University through the cooperative, contractual relationship. The President of Bryn Mawr College, Pennsylvania, commented on cooperative arrangements among liberal arts colleges at a special round table of liberal arts college presidents (McPherson, 1995):

> These arrangements enable an institution to continue to offer the many virtues of small size while at the same time overcoming some of the limitations of those virtues by offering to students a more extensive range of courses and opportunities. Cooperative arrangements also sustain the sense of education as a conversation among committees of
scholars by extending educational networks in richly complex ways.

(p. 4B)

The next step of the process to become a College was to consider the organizational components, which included work, informal structure (culture), formal structure, and people.

**Work**

The primary work activity of the College was faculty teaching, centered in the education process of implementing the baccalaureate nursing curriculum. Other work activities, as specified in the Mission Statement, included scholarly activity and community service. The college mission and goals reinforced the concept that teaching, scholarly activity, and community service were the essence of the work at Mount Carmel College of Nursing. The focal point of the work activity in the College of Nursing was the baccalaureate nursing curriculum plan (Appendix B).

**Faculty Teaching.**

The primary work responsibility of the faculty at Mount Carmel College of Nursing was teaching, with the College mission and goals emphasizing excellence in classroom and laboratory instruction. Faculty members defined teaching to include currency in teaching and learning strategies, course design and curriculum development, introduction of new teaching techniques, currency in content area, evaluation and measurement of learning outcomes, assessment activities, academic
advise ment, and committee work of the college (Mount Carmel College of Nursing, 1994c). Teaching comprised 70%-75% of the faculty workload. Additionally, evaluation of teaching as the major component of the work of the college faculty was comprehensive. Administrative, peer, and student evaluations were regularly conducted to assess the effectiveness of faculty teaching. Based on the College definition of teaching, 100% of the faculty evaluated that they spent at least 70% of their time in teaching activities (Mount Carmel College of Nursing, 1994d).

**Scholarly Activity.**

The faculty defined scholarly activity as “the continued pursuit of intellectual understanding of a particular phenomenon. Through scholarly activity the faculty update, and extend their knowledge of a particular phenomenon” (Mount Carmel College of Nursing, 1994c, p. 39). In the early phase of the development of the College, scholarly activity was referred to as “research,” but in 1993, the faculty members refocused their thinking in that Mount Carmel College of Nursing should focus on the use rather than on the development of research. The term “scholarly activity” was approved to include but not be limited to (Mount Carmel College of Nursing, 1994c):

1. participation in professional meetings or conferences.
2. publication of professional articles.
3. applying for and receiving grants.
4. editing for professional journals and books.
5. engaging in specific study to enhance professional competence.

6. research. (p. 6)

Analysis of the faculty scholarly activity indicated that most of the faculty members participated in professional meetings or conferences, but few were involved in scholarly activities more than 10% of the time. Nor did the faculty members have the experience of participating in scholarly activities at other colleges or universities. Therefore, the commitment and knowledge on how to proceed were lacking. Second, the encouragement, support, and mentoring of scholarly activity was not an apparent priority for the college administration. Additionally, only limited funding was available for faculty to pursue any involved, ongoing scholarly activity. Financial, human, and material resources would need to be made available for major ongoing achievement of this faculty expectation.

Community Service.

Comprising the remaining 25% - 30% of the faculty member’s workload was community service. The relationship of the College with the community was of vital importance because service to the community was an integral part of the College mission and goals. The College community defined community service as those contributions made by faculty, professional staff, and students which advanced the ability of the College to relate teaching and scholarly activity to community concerns or to improve the well-being of the community (Mount Carmel College of Nursing, 1994d). Sample community projects included (a) service to a neighborhood elementary
school through tutoring pupils and donating winter clothing, (b) raising money for the local “Crop Walk for Hunger," (c) collecting food for various charities, including the Native American Center of Columbus, (d) programs for the homeless, (e) health screenings, and (f) the Mothers Against Drunk Driving Red Ribbon Campaign. Although faculty members, professional staff, and students were involved in these or similar community projects as well as serving on community boards and committees, a faculty utilization profile showed that only 59% of the total faculty participated in community service activities (Mount Carmel College of Nursing, 1994b).

The faculty in 1994 assessed the potential for requiring each student to complete a community service project as a graduation requirement. This requirement remained under study at the time of the writing of this writing.

Informal Structure & Culture

Another organizational component of the Organizational Design Model was informal structure and culture, identified by an institution’s policies, practices, rituals, norms, customs, and symbols (Birnbaum, 1988; Farmer, 1990; Pettigrew, 1979; Schein, 1985; Smircich, 1983). Birnbaum (1988) identified organizational culture as a powerful way of looking at how people in institutions create social reality through their interactions and interpretations. Studies of the undergraduate college environment or culture underline three sets of generalizations (Patterson & Longsworth, 1966):

1. A college does have it own unique culture or climate. This stays relatively constant over time, tends to attract the same types of
students with remarkable consistency over the years, and has the same kind of effect upon them.

2. The relations of students with each other and with faculty are very important features of college culture. These relations affect student attitudes and values more strongly and significantly than does instruction in the classroom. Academic achievement itself is affected by the characteristic total culture of the college.

3. Activities outside the classroom can increase a students’ desire to learn and the sense that learning is relevant. The most intellectually and educationally productive colleges are those where culture does not rigidly separate classroom and non-classroom into two unrelated worlds.

(p. 53)

The culture of the College was the product of almost 100 years of history of the Mount Carmel School of Nursing. The educational philosophy of the sponsoring body for both the School and the College, the Congregation of the Sisters of the Holy Cross, provided the foundation for the development of an unique culture and environment for nursing education at Mount Carmel. Certain rituals and practices of the College as well as the caring environment served to create an expression of this institution’s mission.

Rituals.

Beyer & Trice (1987) defined rites as “a relatively elaborate, dramatic, planned set of activities that combine various forms of expression and are practical, tangible,
accessible and unusual" (p.22). Rituals served to express the culture of an organization. They differentiate an institution from its competitors.

Several elements, symbolic of the organizational culture of the College, could be identified in a variety of rituals. Commencement, convocation, and the "pinning ceremony" each provided a certain underlying theme (the pinning ceremony was a part of the celebration of graduation — graduates were given the College of Nursing pin, representative of their being a graduate of Mount Carmel College of Nursing). Each celebration embodied a spiritual theme by use of prayer, both in verse and in song. The symbol of prayer was in concert with the College mission which stated that nursing education was provided within a caring environment where Christian principles were practiced. Prayer, representative of the college culture, symbolized the essence of the College environment. The College community shared in the engagement of prayer as a symbol of the College culture by its participation in the planning and participation of prayer activities.

A college tradition that had its beginning in the School of Nursing was seniors presenting roses to significant people in their lives at the pinning ceremony, held prior to commencement. This ritual seemed to portray the atmosphere of caring that permeated the campus community.

Faculty members who had moved through the transforming years of the School to the College appeared to have a greater commitment to the traditions of the past than did faculty members who had not shared the experience of teaching in the School. They had been oriented to a certain set of values, rituals, and symbols of the past and
encouraged their integration into college rituals. Although the Mission Statements of both the School and the College were founded on the educational philosophy of the Congregation of the Sisters of the Holy Cross, those faculty and professional staff members who had not worked in the School did not always feel the commitment to the history of the past. They believed that the School rituals represented a "diploma mentality of education" and were not representative of baccalaureate nursing education. They had a strong opinion about the proper purpose and place of such rituals in the college. The legend of the School continued to affect the informal culture of the College throughout the transition period as this new College searched to create its own identity, its roots, its symbols.

**Caring Environment.**

Caring was a predominate component of the College environment, defined as (Mount Carmel College of Nursing, 1994c):

> The concept of a caring environment is different for each individual and situation, but includes several consistent characteristics. Caring exists in a milieu of interpersonal relationships and experiences which support positive interactions, thoughtful feedback, and a common ground of understanding of one another. A caring environment recognizes the wholeness of persons, and respects and values the individual worth, dignity and well-being of each person within that environment as well as the individual's opinions and values. A caring
environment promotes growth, empowerment, diversity and inclusiveness by taking into account goals and aspirations, as well as humanness and acceptance of setbacks and limitations of self and others. The members in a caring environment play an active role in its maintenance through a commitment to the concern and promotion of the interests and well being of others as well as the health of oneself. A caring environment promotes the sanctity of life and the promotion of health.

To ensure a caring environment, it is expected that the College educate those within to be caring and committed to quality of life. (p. i).

The expectation was that the College would provide a learning climate in which the student would integrate caring into his or her personhood. The College Mission stated that all curricular and co-curricular activities were undergirded by its caring philosophy, and that students were educated to be caring. According to the nursing program philosophy, faculty members believed that learning was best accomplished in an atmosphere of caring.

Additionally, one of the College goals was to provide a caring environment. The extent of the caring environment within the College was measured by a questionnaire developed by faculty members and student, and distributed to all students, faculty members, professional staff, and administrators in 1994. Although the questionnaire yielded a very low response rate of 17%, over 98% of those responding indicated an existence of a caring environment, with 75% of the respondents indicating the caring environment was “almost always” or “always” present (Mount Carmel
College of Nursing, 1994a). The study revealed that the College should continue to focus on improving the caring experiences in the College environment and should conduct focused interviews with randomly-selected individuals within the College community to enhance data collection (Mount Carmel College of Nursing, 1994a).

**Practices.**

The Judeo-Christian values that provided the direction for the mission of the College included the worth, dignity, and well-being of each person and the recognition of the wholeness of the individual. The College administration recognized that an enhanced cultural diversity was necessary to fully actualize these values, but almost 95% of the students, faculty members, professional staff, and administration were Caucasian, of whom 93% were females. To create a more diverse cultural environment, a Director of Minority Affairs was appointed to the College in 1991 to address racial issues and to assist in the recruitment and retention of minority students. Holistic retention efforts focused on the academic, social, and emotional concerns of the minority students, assisting them to overcome feelings of isolation and separateness. Following her hiring in 1991 through the completion of the College year in 1993, all minority students remained enrolled in the college.

On another matter, national statistics stated that, by the year 2010, minority students would make up approximately 40% of public school students and nearly half of them would be poor. Gale (1992) wrote that, unless the United States responded to the imperatives of diversity, the American society could not function. The essence of
this response should be to ensure that all youngsters have an equal opportunity to become not simply equal but all that they are capable of being. This meant getting involved with the public schools, which supply postsecondary students.

In an effort to encourage minority and underrepresented students to choose nursing as a career, the College initiated Project Opportunity in 1992. The College joined in partnership with three middle schools, from which counselors and principals selected students according to their aptitude in math and science and their interest in nursing as a career choice.

These selected students, followed through their middle and high school years, had an opportunity to observe nurses in practice and to learn what subjects would prepare them for nursing careers. They were encouraged to think of nursing and to plan for it. By bringing students into the actual physical facility, they began to feel comfortable in the College environment. The program taught self-esteem and respect for others, while empowering the students to accept responsibility for themselves and possibly create an opportunity for a life's work based on caring and compassion, that of nursing. Programs included a teen health and wellness workshop in which Mount Carmel faculty members and students facilitated workshop sessions on fast food and junk food, positive thinking and good health, the Heimlich Maneuver, smoking and drinking, blood pressure, handling anger and confrontation, and teen sexuality. Students divided into groups, wrote skits portraying circumstances in their everyday lives, and acted them out. CPR instruction, AIDS awareness, and financial aid workshops were also represented. Another program included the selection of high
school courses necessary to prepare for a career in nursing and on courses that were necessary for acceptance into a College. By 1995, over 100 middle high school students had participated in Project Opportunity, and three of the juniors in March 1995 expressed interest in enrolling in the College following their high school graduation.

A cultural diversity standing committee was formed in the 1993-1994 academic year to promote ongoing development of cultural diverse campus activities. Programs were offered that academic year included (a) a Martin Luther King Day prayer service, (b) a motivational speaker discussing dreams and nightmares, (c) participation in a community-based minority youth recognition award program, and (d) the sponsorship of a health screening for a community nursing agency. This committee was also responsible for the promotion of several yearly cultural diverse experiences. These experiences, although volunteer in nature, offered students and faculty members the opportunity to visit a Navajo Indian reservation in Arizona, a coal mining community in Virginia, and an Appalachian community in Kentucky. A variety of other cultural experiences were incorporated into the curriculum for all students.

Another activity that effected the Mount Carmel College culture was that of the campus ministry program, whose major focus was the building of a Christian community through spiritual, social and stress relief and support, and service activities. Students, faculty members, and professional staff, guided by the Director of Campus Ministry, planned activities which included Bible study, religious services, social and stress management activities, and a women's support group. Campus ministry participants also conducted community service projects, including the preparation of
food for the homeless, participation in the college adopt-a-school program, and participation in community hunger programs.

**Formal Structure**

Another organizational component of the Organizational Design Model was formal structure, which included the College mission, College goals, bylaws, and organizational structure.

**Mission.**

The Mission Statement, a statement of purpose, is the foundation on which an institution of higher education stands. Mullane (1985) stated, "Each institution is shaped by the social purposes and circumstances of its founding, by the values and demands of its supporting constituencies, by the vision and commitment of its governing officials and faculty, and by the resources its constituency is able and willing to commit to its support" (p. 315).

Mount Carmel College of Nursing was founded to carry out the educational mission of the Congregation of the Sisters of the Holy Cross, the sponsoring body of the College, but during the autumn of 1993, the faculty, professional staff, administration, and Board of Trustees examined and modified the existing Mission Statement in two general areas (Appendix C). The first change related to the educational programs offered through the College. Nursing education, originally named the College's sole purpose, was revised to be the College's primary purpose,
allowing the possibility that the College might someday offer degrees other than a baccalaureate degree in nursing, or certificate programs. This broader approach to purpose reflected the College's responsibility to serve the needs of its community.

The second change emphasized research and other scholarly activity within the College. The College recognized the importance of research in a higher education institution but had established itself primarily as a teaching college, so the Mission Statement was revised to decrease the emphasis on research and retain the importance of scholarly activity.

**College Goals.**

The five college goals were (a) provide excellence in teaching, (b) prepare liberally- and professional-educated individuals, (c) promote the advancement of knowledge through scholarly activity, (d) provide a caring environment, and (e) provide educational and health-care resources to the community (Appendix C). These goals, inherent in the mission, described the functions of the College and guided the planning, decision making, and operation of all aspects of the College, including the organizational structure, educational and co-curricular programs, admissions, student and faculty policies, and financial and physical resources.

The first goal, provide excellence in teaching, established the College's commitment to excellent instruction in the classroom, laboratory, and clinical setting. The College concurred that "the first obligation of a college teacher must be to the profession of teaching" (Study Group on the Conditions of Excellence in American
Higher Education, 1984, p. 3), in agreement with higher education reports that highlighted the faculty's teaching role as crucial to the achievement of the goals of higher education (American Association of Colleges of Nursing, 1984; Association of American Colleges, 1985; Bennett, 1984; Boyer, 1987).

The second goal, prepare liberally-educated and professionally-educated people, emanated from the Mission Statement, in keeping with the purpose of many higher education institutions. The faculty of Mount Carmel College of Nursing identified the attributes and skills of the liberally-educated person that undergirded the college: personhood, appreciation of the arts, knowledge of science, inquiry, historical and contemporary consciousness, literacy, and multicultural awareness. These skills and attributes were basic to curriculum development and evaluation and were a part of the college's assessment program. In addition, some specific skills of the liberally-educated person, i.e., writing, critical thinking, and communication, were assessed via the assessment plan.

Professional nursing practice is based on professional and liberal knowledge, clinical and cognitive skills, and the individual's value system. The College supported the views of Stark and Lowther (1990) who asserted that the goals of professional and liberal education need not be mutually exclusive, rather these goals could be blended to benefit both students and society. Therefore, the curriculum focused on the integration of liberal and professional education. This blending of liberal and professional education had relevance for the practice of professional nursing. Trends in health care and the current health-care delivery system required nurses to have a current knowledge
and practice base, as well as the ability to transfer knowledge and skills into their existing nursing practice (American Association of Colleges of Nursing, 1984). These trends also demanded that nurses be independent learners, capable of seeking out information when needed. The complexity of health care demanded that nurses function in an established moral and ethical framework, and client diversity demanded that nurses have a knowledge and an appreciation of different cultures. Nursing was a profession engulfed in humanity issues, and liberal education assisted nurses to skillfully and compassionately respond to these human experiences.

The third goal, promote the advancement of knowledge through scholarly activity, was reflected directly in the Mission Statement. As part of the assessment process, the faculty had established a definition of scholarly activity for the College, which conceptualized scholarship as the continued pursuit of intellectual understanding of a particular phenomenon and an extension and updating of knowledge of a particular phenomenon.

The fourth goal, providing a caring environment, was inherent to the College philosophy. This philosophy was made operational through both the academic and student services programs.

The fifth goal, provide educational and health-care resources to the community, reflected the College's social engagement and its reciprocal relationship with the community (Carnegie Foundation for the Advancement of Teaching, 1982). The College, with its religious sponsorship, was cognizant of community needs (Mount Carmel College of Nursing, 1994d).
Bylaws - College.

The College was incorporated as a not-for-profit, private, human Catholic educational corporation in 1989. Sponsored by the Congregation of the Sisters of the Holy Cross, a religious order of the Roman Catholic Church, the College was organized and operated exclusively for educational, charitable, and religious purposes (Mount Carmel College of Nursing, 1989b). Organizationally, the College was a subsidiary corporation of Mount Carmel Health, the holding company, located in Columbus, Ohio. With the exception of certain powers reserved only for this holding company, the authority and responsibility for the operation of the College was delegated to the College Board of Trustees, including exclusive control over all educational matters of the College.

The College Bylaws indicate that the Board of Trustees consist of not less than nine and not more than 25 members, one of whom would be the President and Chief Operating Officer of the College. At least one-third of the members of the Board of Trustees would be members of the Congregation of the Sisters of the Holy Cross. The standing committees of the Board of Trustees included the executive, finance, academic affairs, nominating, and institutional advancement committees. The President of Franklin University, with which the College had a cooperative relationship, was an automatic member of the Board of Trustees, as well as a member of the Academic Affairs Committee. In analyzing the structure of the Board of Trustees, this writer
noted that the President of Franklin University should not be a member of this Committee because of a potential conflict of interest.

In 1994, Mount Carmel College of Nursing began discussion about the future development of a baccalaureate completion program for registered nurses. This potential program was reviewed and a recommendation was made concerning its development by the academic affairs committee to the College Board. As Franklin University already had a baccalaureate completion program in place, there could have been a potential conflict of interest between Franklin University and Mount Carmel College of Nursing. Therefore, consideration should be given to the stipulation that the President of Franklin University (as a member of the Board of Trustees of Mount Carmel College of Nursing) should not be a member of the academic affairs committee, a committee which approves all new academic programs.

The Carnegie Foundation for the Advancement of Teaching (1982) made the following recommendations to strengthen the trusteeship-faculty relationship:

1. Governing boards should be responsible for the overall policy of the institution and for the appointment of presidents and other major officers; approval of faculty appointments, at least at the tenure level; approval of major expansion of facilities; and approval of the budget.

2. Trustees have a special obligation to help assess the educational quality of the institution by participating in the campus wide review of academic programs.
3. Governing boards should consult fully and frankly with all segments of the campus – administrators, faculty, and students – in the shaping of new policies and procedures.

4. Trustees should be appointed or elected because of their appropriate experience and broad perspective, not as a political reward or because they represent narrow, special interests.

5. The length of trustee service should be long enough – at least six years – to assure continuity of interest and direction and to protect board members from undue political pressure.

6. Above all, trustees should be fully informed about the function of their institutions and faithfully interpret those functions to the public. They should vigorously defend their institutions against all efforts, from any source, to undermine the integrity of the campus. (p. 73-74)

Analysis was made of Mount Carmel College of Nursing Board of Trustee functions and actions, by reviewing the College Board minutes, to determine how the Board functioned in comparison to the Carnegie Foundation trusteeship recommendations (Carnegie Foundation for the Advancement of Teaching, 1982). Based on this analysis, the following recommendations were made:

1. The length of term of Board appointments should be reconsidered to be six years instead of the current three year appointment with eligibility for an additional three year appointment. All College Board members initially appointed for three years were reappointed for three additional years. They all voiced the opinion that a three
year term (12 meetings) was not a long enough period of time to become fully knowledgeable about Board activities;

2. College trustees should participate in analysis of the College assessment outcome plan; and

3. The Board should reconsider its position of not consulting with college faculty and professional staff in the shaping of college policies that directly affect them. The Board’s position has been that the Board should work through the College President, who in turn communicates with faculty. The President of the college and the Board work closely together in the governance structure of the college. The recommendation is made in the spirit of promoting open communication with all constituencies. The decision making power must rest with the President of the College and the Board.

**Bylaws - College Assembly.**

This assembly consists of all administration, faculty members, and professional staff in the College, with full voting rights, whether full- or part-time. The President of the College is chairperson, and the Vice Chairperson rotates between the Dean of Academic Affairs and the Dean of Student Affairs. The organization promotes and supports the mission of the College among members of the administration, faculty, and professional staff.

Standing committees of the Assembly include the administrative council, faculty assembly, academic progress, assessment and outcomes, recruitment and admissions,
planning and budget, and the cultural education committee (Mount Carmel College of Nursing, 1994c). The Faculty Assembly, although a committee of the College Assembly, has its own bylaws.

**Bylaws - Faculty Assembly.**

In recognition of the autonomy and special responsibilities of faculty to participate fully in the shared governance of the College, the essential purpose of the Faculty Assembly is to articulate, coordinate, and enhance the faculty’s role and participation in the governance of the College. Accordingly, the bylaws addressed the responsibilities of the Faculty Assembly (Mount Carmel College of Nursing, 1994c):

1. To serve as a democratic forum for input and discussion of important issues in academic areas and areas of faculty concern.
2. To provide faculty a distinct voice in the academic governance of the College.
3. To make primary recommendations on academic policies and on decisions regarding and/or affecting faculty.
4. To consider issues and make advisory recommendations impacting faculty and their welfare.
5. To receive reports and recommendations from and to provide input to the College Assembly and its committees affecting faculty and to make decisions when appropriate.
6. To hold the authority to develop provisions for and to elect members to the following standing committees:

1. executive committee
2. search and initial appointment committee
3. promotion and continuing appointment committee
4. grievance committee
5. curriculum committee
6. academic misconduct committee
7. academic appeals committee (p. 40)

The Faculty Assembly consists of individuals who hold a faculty appointment at the College. The privilege to vote on Faculty Assembly matters is reserved for full-time faculty members who hold the rank of instructor or higher and part-time faculty who hold the rank of instructor or higher and who participate on committees.

The Carnegie Foundation for the Advancement of Teaching (1982) made the following faculty recommendations:

1. The faculty at each institution, with trustee-delegated authority, should vigorously support a campus wide senate or comparable body to oversee all matters relating to the institution's academic core.

2. In addition to traditional academic concerns, special consultative bodies of faculty, administrators, and students should monitor campus performance in response to the new public
accountability mandates — fiscal integrity, social justice and consumer protection.

3. A clear distinction should be drawn between the corporate authority of trustees and campus governance. If representatives of campus constituent groups are placed on governing boards, they should serve in an advisory capacity only. (p. 75)

Considering recommendations from the Carnegie Foundation for the Advancement of Teaching (1982), this writer reviewed the relationship between the College Board of Trustees and the faculty. The following recommendations were made:

1. A student, as well as faculty and administrators, should be appointed to the college budget and planning and social service committees.

2. The Board should maintain the policy of not placing representatives of campus constituent groups on standing committees of the Board.

**Organizational Structure.**

The College is a subsidiary corporation of Mount Carmel Health, the holding company (Appendix D), and the contractual relationship between these two bodies specifies that the College maintains educational control over the nursing program, as well as any other educational offerings. Additionally, a contractual relationship exists between the College and Franklin University, a relationship which provides the opportunity for Mount Carmel students to enroll in selected Franklin University general education courses as determined by the Mount Carmel College of Nursing curriculum.
This agreement stipulates that Mount Carmel College of Nursing maintains full academic control over the nursing curriculum and that Franklin University maintains full academic control over those Franklin University courses included in Mount Carmel’s baccalaureate nursing curriculum. The contract also stipulates that Mount Carmel students have available to them all privileges and services available to Franklin University students, including social activities, counseling, and library services.

Two coordinating boards are a part of the college organizational structure: the Alumni Council and the Coordinating Council of Mount Carmel College of Nursing and Franklin University. The Alumni Council (a) serves as a vehicle of communication between alumni and the College and (b) provides leadership in the development of educational and social activities, alumni involvement in recruitment, and fund-raising. The Coordinating Council of Mount Carmel College of Nursing and Franklin University considers academic and nonacademic matters of mutual concern.

**People**

Another organizational component of the Organizational Design Model is People, i.e., the professional workers, including the faculty, professional staff, and administration.

**Faculty.**

The Faculty Workload Policy established that 70% - 75% of a faculty member’s workload should be devoted to teaching. A faculty utilization study conducted in 1994
showed that all full-time faculty members spent between 60% - 80% of their time in teaching-related activities (Mount Carmel College of Nursing, 1994b). By the autumn of 1994, the College had appointed 29 faculty members: 23 full-time and 6 part-time. Most taught in the nursing courses, while the other faculty members taught in the general education courses.

The faculty qualifications were appropriate for the established mission and purposes of the College in that all full-time nursing faculty members held a master's degree in nursing, the minimum academic preparation as recommended by the National League for Nursing (1992), the specialized accrediting body for nursing education. At the time of this writing, 11 faculty members were engaged in doctoral study, 6 of whom were in the dissertation phase (Mount Carmel College of Nursing, 1994d). The professional certifications, clinical practice, and academic qualifications emphasized the College goal of providing teaching excellence and the faculty's belief that clinical practice was the essence of nursing (Mount Carmel College of Nursing, 1994b) was being met.

An analysis of faculty preparation at the time of the transition from the School to the College revealed that 65% of the faculty, although academically prepared in their areas of teaching specialty, did not have the experience of teaching in a baccalaureate nursing program. This lack of baccalaureate degree experience could account for the lack of scholarly activity undertaken by the College faculty — of the faculty members lacking baccalaureate teaching experience, 38% were involved in scholarly activities only 10% of the time (Mount Carmel College of Nursing, 1994b). It could be
concluded that ongoing faculty professional development activities should have defined the teaching-learning process for educating baccalaureate level students.

**Professional Staff.**

The Dean of Student Affairs was responsible for the College’s support services, which included the registrar, financial aid, recruitment and admission of students, student activities and residence, counseling services and career planning, academic advisement, and institutional research data. The responsibilities for the Dean of Student Affairs, as well as the responsibilities of the directors of the various support services, are located in the Faculty/Professional Staff Handbook (Mount Carmel College of Nursing, 1994c). In this small, private, religious college, professional staff members were directly involved with students on a daily basis, and their functions were critical to the success of each student’s collegiate experience.

**Administration.**

The administration of the college included the President, Dean of Academic Affairs, Dean of Student Affairs, and the Director of Business Affairs. At the time of this writing, the President held a master’s degree in nursing and was completing her dissertation. The Dean of Academic Affairs held a master’s degree in nursing and a doctoral degree in higher education. The Dean of Student Affairs held a Master of Arts degree. The Director of Business Affairs held a Bachelor of Science in Business Administration in accounting and health care and was also a Certified Public
Accountant. The administration participated in governing the College via membership in the Administrative Council, College Assembly, Faculty Assembly, and in various College committees.

A review of the job descriptions of the Dean of Academic Affairs and the College President revealed the overlapping of some functions — as much as 50% to 70% — perhaps because of the nature of the specialized College offering one degree. The President as Chief Executive Officer, had overall responsibility for the College, including the baccalaureate nursing program. The Dean of Academic Affairs more specifically administered the academic program in nursing. To assure efficiency of job responsibilities and to avoid possible conflict, further study is needed in the clarification of role function and structure between the two positions.

**Organizational Output**

The final step of the Organizational Design Model was output, which included accreditation, academic achievement of the class of 1994, and student satisfaction.

**Accreditation.**

From the initial development of the College, both regional and specialized accreditation was a major concern. It was imperative that accreditation be received from both the North Central Association of Colleges and Schools (NCA) and from the National League for Nursing.
The North Central Association of Colleges and Schools awarded candidacy status to the College in 1991 and candidacy status renewal in 1993, and the initial five-year accreditation in August 1994. Inasmuch as candidacy eligibility required courses to be in session, the College had its first NCA evaluation team visit in April 1991, only eight months from the opening of its doors. In April 1994, the NCA evaluation team visited the College to determine eligibility for initial accreditation. Although at least one class of students needed to graduate from the College in order to be eligible for accreditation, the NCA agreed to send the evaluation team to the College two weeks prior to graduation to accommodate the evaluation by the National League for Nursing, which would not consider initial accreditation to a higher education institution that had not been regionally accredited. The NCA Commission on Accreditation would reach its decision in August 1994, and, if the NCA had not granted initial accreditation to the College in August, the National League for Nursing accreditation visit, scheduled for October 1994, would have been canceled.

The NCA awarded its initial five-year accreditation to the College in August 1994, and both accrediting agencies provided a one-year retroactive accreditation. Students from the College’s first graduating class in May 1994, were able to claim that they had graduated from an accredited college and nursing program, as both accreditations were received within one year of this graduation date.

The College received acknowledgment of six strengths and six concerns by the NCA team evaluation (Appendix E). These recommendations included (NCA Commission on Institutions of Higher Education, 1994b):
A. Strengths:

1. The faculty, staff and students demonstrated a strong and caring commitment to the College and the implementation of the mission and purposes of the institution.

2. There was evidence of good administrative leadership.

3. There appeared to be a strong Board of Trustees. Members of the Board who met with the team indicated pride, loyalty and support for the College.

4. Mount Carmel Health and Holy Cross Health systems provided strong support for the College including assurance of adequate financial resources.

5. The Mount Carmel Hospital and a wealth of community health care agencies provided rich and varied opportunities for student learning.

6. The institution displayed a commitment to serving the needs of minority students and this was reflected in a high rate of retention and student satisfaction.

B. Concerns:

1. There was no statement regarding an overall philosophy of general education, the ways in which it related to the major and an indication of its critical role in the total educational program.
2. There was no comprehensive faculty development plan to assist individuals to assume the expected roles and responsibilities of faculty in a baccalaureate degree-granting institution.

3. Limited library facilities did not provide adequate space to house the collection and to provide sufficient study areas for students. Library holdings in non-nursing areas were minimal.

4. There was need for development and adoption of a long-range plan which details a vision for the future, provides a timetable for action and included participation of all faculty and professional staff in the planning process.

5. Some courses at the institution were taught by faculty who did not hold an advanced degree in the area of instruction.

6. Equipment and space for modern laboratory instruction in the basic sciences was insufficient. (p. 35)

In summary, the NCA evaluative team verified that Mount Carmel College of Nursing met the evaluation criteria. There were clear, publicly-stated, and appropriate purposes, consistent with its mission; the College had organized, adequate resources in programs to accomplish its purposes; it was accomplishing its purposes and, in all probability, would be able to continue to accomplish its purposes.

The other accrediting organization was the National League for Nursing (NLN), which awarded its initial five-year accreditation to the baccalaureate nursing program in March 1995. Because the accreditation was retroactive by one year to March 1994,
graduates of the Class of 1994 graduated from a nursing program fully accredited by the NLN.

The College nursing program met 22 of the 27 NLN criteria (NLN Council of Baccalaureate and Higher Degree Programs, 1995). Five criteria were not met, including four of the seven required outcome criteria (Appendix F). Analytic insights and interpretations of not meeting these five criteria follow:

Required Outcome Criterion #2 was communication, which reflected students' abilities in areas such as written, oral, and nonverbal communication, group process, information technology, and/or media production. The NLN reviewers identified that, although the faculty had a clear definition of communication abilities appropriate to baccalaureate nursing, they had not developed assessment methods and instruments and had not collected and analyzed communication abilities outcome data. The NLN recommendations were instrumental in the faculty development of evaluation instruments that were to be implemented in the autumn of 1995.

Required Outcome Criterion #3 was therapeutic nursing interventions, which reflected students' abilities to perform theory-based nursing interventions, including psychomotor and psychological therapeutics directed at individuals and/or aggregates. Although a clear definition of therapeutic nursing interventions, methods, and processes had been developed to evaluate the therapeutic nursing interventions and data had been collected, a review of the outcome data and analysis of the effectiveness of the methods used to collect the data had not been conducted. This information was critical to the
success of the nursing program. The entire process needed evaluation to determine if students were clinically competent to practice nursing.

Required Outcome Criterion #5 was graduation rates, which reflected employment patterns of graduates. A graduate survey was to be distributed to the first graduating class one year following graduation, i.e., June 1995. At the time of accreditation, March 1995, data from this survey were unavailable.

Optional Outcome Criterion #5 was organization or work environment, which reflected the extent to which the nursing program supported faculty and staff well being. The NLN evaluators found a lack of documentation to rule on this Criterion.

Required Outcome Criterion #10 was that faculty members hold, as a minimum, a master’s degree in nursing. Four part-time faculty members did not hold a master’s degree in nursing, and two other faculty members did not have academic qualifications appropriate to their teaching responsibilities (NLN Council of Baccalaureate and Higher Degree Programs, 1995). One faculty member held a master’s degree in counseling, two were enrolled in master’s degree in nursing programs, and one person, who held a baccalaureate degree in nursing, was not enrolled in a master’s program. The faculty, functioning as assistant instructors, worked with students clinically because of their clinical expertise. The College needed to meet this minimum NLN criterion, but it was recognized that use of these clinically-skilled faculty members did allow for reduced faculty-student ratios in the clinical settings. One could hypothesize that working with fewer students clinically should have offered increased opportunities for enhanced
student learning and therefore was a better option than not hiring these clinically-skilled faculty members.

In summary, the NLN identified that the nursing program had achieved a standard of excellence when evaluated by the NLN standards, but the program needed to gather aggregate outcome data when measuring communication, therapeutic nursing interventions, and employment patterns and then make program decisions based on analysis of methods of measurement (NLN Council of Baccalaureate and Higher Degree Programs, 1995).

Throughout the accreditation process by the NCA and the NLN, the two major issues that centered around the College and nursing program accreditation status were (a) the lack of initial accreditation during the years from August 1990 through May 1994 and (b) the length of time it would take the College and nursing program to receive accreditation. Both issues were exploited by competitors of the College who communicated to potential students that the lack of accreditation indicated that (a) the academics in the College were weak, (b) the students would not be able to receive federal financial aid, (c) the students would not be accepted into graduate nursing programs, and (d) accreditation might not be obtained in a time period that would be of benefit to the students.

These issues were not supported by the data. The graduates achieved an excellent 90% success rate on the 1994 licensing exam, and the students in financial need received institutional financial aid at the same award level as they would have received through federal funding. Institutional funding was necessary for only one
year, as the College received NCA candidacy status in 1991, thereby becoming eligible for federal funding. The institution loaned $120,000 to students in 1991 at the same interest rate that students would have paid if they had received federal funding.

**Academic Achievement.**

The College developed several assessment methods to review the academic achievement of its students. A Retention Tracking Model, developed by the Dean of Student Affairs, identified: (a) the percentage of students who graduated within four years, (b) the retention rate of each class, (c) the academic success of college-identified "at risk" students, and (d) the reasons students took more than eight semesters to graduate. Student interviews were conducted with several groups: (a) enrolled students, (b) those students who were dismissed or resigned, (c) those students who were admitted but did not enter, and (d) those students who deviated from the normal curriculum plan. Additionally, student academic files were reviewed to gather academic achievement data.

Analysis of data about the 50 students in the 1994 graduating class revealed the following class profile: the mean age was 21 years; the mean college grade point average for the 65% who had transfer credit was 2.64; the mean high school grade point average for 35% who came to Mount Carmel College of Nursing directly out of high school was 3.05; and the Mount Carmel freshmen class mean ACT composite was 20.26. Seventy-four percent of these students graduated in eight semesters, and the overall class grade point average at graduation was 3.01 based on a 4.00 scale. The
retention rate for the class of 1994 was 74%. Students who took more than eight semesters to graduate generally indicated that the increased enrollment time was due to their lack of academic success in certain courses because of their need to work.

Of the 50 students in the graduating class of 1994, 15 were identified as "academically at risk," based on factors that included low ACT scores, low grade point averages, weak recommendations (especially from the guidance counselors), or by concerns of the Director of Admissions during the interview process. These students participated in a required eight-week success seminar which covered strategies on test-taking, stress reduction, and increasing self-esteem and social abilities. Their academic progress was monitored throughout their program by the College Director of Counseling Services, and 14 of these "at risk" students graduated in May 1994.

**Student Satisfaction - Student Survey.**

The Assessment/Outcomes Committee developed an 147-question student survey, given to the entire student body in the autumn of 1994. The results, represented by a 52% return rate, are in Appendix G. There was great uniformity among the respondents, in that they generally were satisfied with the academic program and with the implementation of the College mission and nursing program philosophy. There were areas of concern regarding the use of support services. Many students did not use the campus ministry, counseling, health, tutoring, academic advisement, and career placement services, and, in the cases of tutoring and career placement services, most students were not even aware of their existence. The College will need to evaluate
these services to determine their value. If the services are to be continued, their
availability will need to be more fully communicated to students and integrated into
College activities. The physical facilities were generally rated as satisfactory, except
for classroom ventilation and temperature control. Students also expressed the need for
additional classrooms.

Another area for future evaluation was student involvement in professional and
community volunteer activities. The College mission emphasized community service
by providing education and health-care services and by participating in activities that
promoted the well-being of the community. Seventy-one percent of the respondents
knew about College-sponsored community service activities, however, only 23%
participated in the volunteer community service activities during their college
experience. Sophomore students participated in greater numbers than did other
students. Twenty-three percent of the students participated in the College pre-
professional organization.

**Student Satisfaction - Graduate Survey.**

A questionnaire was distributed to the class of 1994 one year following their
graduation, which yielded a 27% return rate. The graduates were asked to express their
opinions as to the level of satisfaction they felt with their educational experience at
Mount Carmel College of Nursing. Approximately 48% rated their satisfaction as
‘outstanding,’ 38% rated their satisfaction as ‘above average,’ and 8% stated that they
were satisfied at an 'average' level. None of the graduates expressed dissatisfaction. No graduates had applied for graduate school at the time of this writing.

Summary

This chapter provided a description of the development of Mount Carmel College of Nursing, using as the framework the Congruence Organizational Design Model created by Nadler et al. (1992). Woven into the Congruence Organizational Design Model were the contingency, humanistic, and sociotechnical theoretical perspectives, which defined the elements that must be addressed in designing an organization. Environmental, historical, and resource elements were analyzed to determine their potential impact on the organization. Strategic decisions were necessary to determine how to allocate scarce resources against the constraints and opportunities of the environment, if the decision were made to produce a product. Organizational components that would be needed to transform the energy and information from 'inputs' to 'outputs' included the work, the people, and the formal and informal organization components. The design process was complete when the organization was able to graduate students and achieve its stated outputs.

The Congruence Organizational Design Model, which formed the framework for analyzing the development of Mount Carmel College of Nursing, was described and analyzed, including inputs, strategies, organizational components (work, informal structure and culture, formal structure, people), and outputs. Many documents, including letters, minutes of meetings, agendas, organization charts, budget reports,
survey data, announcements, proposals, progress reports, self-study accreditation reports, news clippings, and other written reports of events, were reviewed to validate the development process. Analytic interpretation of selected issues that occurred as a result of the transformation of Mount Carmel School of Nursing to Mount Carmel College of Nursing was presented, beginning with selected issues that occurred throughout all phases of the development process.

In the next chapter, knowledge gained from an analysis of the issues and description of the organizational design process of Mount Carmel College of Nursing will be utilized to state conclusions and make recommendations for future research.
CHAPTER V
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

When Mount Carmel College of Nursing was developed, there was little literature available to guide the development process of institutions of higher education in general and specialized colleges of nursing in particular. This chapter responds to the case study questions by reviewing the design model used as a framework for developing the case study. Critical elements were identified within the design model and proposed for use in developing future specialized colleges of nursing as well as other institutions of higher education. Case study methodology and validity and reliability measures were addressed. Finally, study conclusions and recommendations for future study are presented.

The purpose of this case study was to describe the development of Mount Carmel College of Nursing and to provide analytic insights into issues encountered in the transition of Mount Carmel School of Nursing, a 93-year-old nondegree-granting diploma nursing program, to Mount Carmel College of Nursing, offering a Bachelor of Science Degree in Nursing. Two research questions were identified and answered:
1. How was Mount of Carmel College of Nursing designed?

2. What issues were relevant to the transition from Mount Carmel School of Nursing to Mount Carmel College of Nursing?

The qualitative approach of Yin (1989) was used to design this case study and to address the two research questions. Steps were taken to assure validity and reliability and to reduce subjectivity in the study. Construct validity was determined by having one faculty member, who participated in the development process of the College, and one external person, a tenured professor of nursing from another Ohio college of nursing, review the case study for accuracy. Lincoln and Guba (1985) referred to the review by participants in the development process as member checking:

The member check, whereby data, analytic categories, interpretations and conclusions are tested with members of those stakeholding groups from whom the data were originally collected, is the most crucial technique for establishing credibility. If the investigator is to be able to purport that his or her reconstructions are recognizable to audience members as adequate representations of their own realities, it is essential that they be given the opportunity to react to them. (p. 314)

External validity was enhanced by the generalization of the college development process to the Congruence Organizational Design Model developed by Nadler et al. (1992). Reliability was assured by the use of an extensive case study data base. The actual letters, college development minutes, published reports, budgets, news clippings, minutes on interviews, and other archival records were readily available to the writer.
Although validity and reliability were addressed, this writer also considered bias, as she participated and provided much of the leadership in the development of Mount Carmel College of Nursing.

**Design.**

The lack of available literature on the development of new colleges pointed to the need to conduct this study. The literature review was a catalyst to further identify, analyze, and make recommendations to those people who, in the future, will develop single-purpose colleges of nursing or other institutions of higher education. Patterson and Longsworth (1966), on the development of Hampshire College, provided limited information on the development of institutions of higher education. They began with the basic questions of what a college should be and do as an undergraduate institution and how it should participate in the community around it.

A review of organizational design literature revealed that this body of knowledge was not sufficiently developed to offer a variety of theoretical frameworks that could be applied to the development of specialized colleges. The literature review on historical development provided general knowledge and insight in the areas of nursing education, the movement of nursing education into institutions of higher education, the development of single-purpose colleges and nursing, organizational design and culture, and the accreditation process of institutions of higher education.

The literature review provided the discovery of the Congruence Organizational Design Model (Nadler et al., 1992). Critical elements for formulating the development
process of institutions of higher education were used to organize and review the extensive collection of available documents and the observations made by this writer. Critical elements were the environment in which Mount Carmel College of Nursing was developed, its resources and history, strategies used in the development process, the College's culture, its formal structure, work involved, and the people conducting the work activities. Selected outputs were reviewed to determine the effectiveness of the new college.

**Issues.**

A review of the actual development process of the College identified several issues in addition to the lack of available information on how to develop institutions of higher education. One issue was the lack of acceptance of Mount Carmel College of Nursing by peers, primarily deans and directors of baccalaureate nursing programs in Ohio. They expressed concern that the College would function within a mission of service, not education, because of its relationship with the holding company, Mount Carmel Health, which also governed two hospitals. This lack of acceptance by the OCDD became problematic when the Ohio Board of Regents (OBR) considered them to be peer reviewers in the Board's authorization process of the College. This issue was resolved when the OBR staff determined that it was in the best interest of the College to seek peer reviewers from out of state in order to control known bias.

The lack of accreditation of the College by both the North Central Association of Colleges and Schools (NCA) and the National League for Nursing (NLN) was an
issue. College students were not eligible for federal funds until candidacy status was achieved from the NCA. The lack of accreditation issue was resolved by candidacy being granted within one year of the opening of the College, thereby making it possible for the College to afford and provide institutional funding for loans and scholarships to students for that one year. Eligible students received the same amount of institutional funding that they would have received if the funding had been issued through the state or federal government. Extension of the need for the College to guarantee institutional aid to students in place of federal funds for more than one year would have been extremely costly to the College. Competitors also claimed that lack of accreditation was synonymous with a lack of quality at Mount Carmel. The College overcame this issue by explaining to potential students that a college could not even apply for accreditation until it graduated its first students, which, at Mount Carmel College of Nursing, took place in May 1994.

There were several faculty issues, including the concern for job security for those employed in the diploma nursing program in the School of Nursing. Would they be hired by the College as their diploma program was phased out? Stress increased during this time of potential unemployment, as well as the result of the additional workload for those faculty members who had to teach in both the diploma nursing program and the College simultaneously during the transition process. Boyer (1987), Farmer (1990), Johnson (1978), Kratroski (1969), Stark & Lowther (1990), and the Carnegie Foundation for the Advancement of Teaching (1982) provided the basis for new assumptions and better understanding of faculty and transition issues.
Another identified issue was finances. The 1989 projected College goal of breaking even financially (in the area of direct costs) by 1997 was later extended to 1999. Also, it was recognized that additional sources of revenue other than a generic nursing program would be necessary to reach this financial goal in 1999. In the interim, Mount Carmel Health, the holding company, subsidized the College financially. One could question how long Mount Carmel Health will financially subsidize the College in a rapidly changing health-care industry, where cost-containment was key to survival.

Conclusions

This researcher made several conclusions from this case study. The Organizational Design Model by Nadler et al. (1992) provided an effective framework from which to study the development of a new single-purpose institution of higher education. The model enabled the researcher to develop, organize, and analyze critical elements that constituted the development progress. The model did not identify these critical elements. This task was the responsibility of the researcher.

The process of designing Mount Carmel College of Nursing was easily discernable and portrayed through use of extensive available documentation and the direct observation and participation of this researcher. However, as in all cases, bias must be considered in this methodology. One must consider what different information might have been acquired by an outsider to the development process.
Issues identified in this case study included the lack of available information and resources for guiding the development process of a new institution of higher education, including information on peer concerns, accreditation, availability of federal funds, faculty preparation, and overall costs. There is a need for more literature and for national-level forums to discuss with peers such issues as leader needs and astuteness to identify and influence constituents who may influence the development process. There is the need for a good network of contacts which would facilitate the achievement of identified outcomes.

The leadership must be well-informed regarding institutional and specialized accreditation, its ultimate impact on students, and the quality and image of a new institution. The leader must plan alternative measures to determine quality indicators until accreditation is achieved.

Faculty considerations, such as stress created by an unknown and unproved entity, must be recognized as the development years progress. There is the definite need for faculty 'buy-in,' in order to achieve success. To this end, there must be an ongoing faculty development program in place. Above all, all people involved in the development process must hold fast to a vision and make it happen.

**Recommendations**

Several recommendations can be drawn from this case study. Analysis of the development process and related issues in the development of Mount Carmel College of Nursing provides a base knowledge and a design framework for new developing
institutions in the framing of their development process. The application of the findings of this study will be of value to developing specialized institutions of higher education and other institutions in general as they strive to become more efficient organizations. This case study provides specific recommendations for further study:

1. The development of a new institution entails a heavy contribution by the leader of the development process. Research should be conducted into values and personal experiences of the leaders of new institutions. This research would provide evidence of how a leader's traits would affect that leader's understanding of and influence on the formal and informal structure of a new organization.

2. Research should be conducted into the organizational design of new institutions of higher education to determine if there is an evolving design model that provides for effectiveness and efficiency in meeting the goals of those who envisioned each new organization. Would a new model emerge from the research that would strengthen the integrity of institutions of higher education to those people to whom these institutions are accountable?

3. Research should be conducted into the issues associated with developing single-purpose or specialized institutions of higher education to determine if issues identified by them can be generalized to other institutions of higher education.

4. A study should compare personal and education development of nursing students in comprehensive senior colleges and universities with the personal and educational development of nursing students in specialized institutions of higher education.
5. Research into the administrative leadership in specialized colleges should be conducted, centered on the roles of the president and academic dean, as there is a potential for overlapping of responsibilities of these positions. Further research could further define the formal administrative structure of specialized colleges so as to promote a more effective, efficient operation of the organization.

This case study provided information to expand the knowledge base of individuals involved in the development of new institutions of higher education. At the time of this writing, there was limited research on the organizational design of these new institutions. Continued application of the Congruence Organizational Design Model by Nadler et al. (1992) to new institutions of higher education, as well as the identified critical elements within the model, seems worthy of further study.
APPENDIX A

The Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, Inc.

Position Statement

and

Position Letter
MAINTAINING PROFESSIONAL NURSING EDUCATION
IN SENIOR COLLEGES AND UNIVERSITIES

A Position Statement
of
The Ohio Council of Deans and Directors
of Baccalaureate and Higher Degree
Nursing Programs, Inc.

POSITION

Professional nursing education should be maintained within established comprehensive senior colleges and universities.

RATIONALE

1. Education for professional nursing practice is best accomplished within the mainstream of higher education where needed resources are available. In this environment, expertise and resources exist to develop both professional skills and personal competence.

2. Although health care agencies play an important role in nursing education, they should not control nursing education because their mission and expertise is in patient service.

3. Programs of study in professional nursing should be financed in the same manner as other higher education programs. Patient service funds should not be allocated from the operating budget of schools of nursing or from other resources available to health care agencies.

4. Although the demand for professional nurses is increasing, existing approved, accredited schools of nursing in four year colleges and universities in Ohio can meet the needs of the student applicant pool now and in the foreseeable future. Students who enroll in college programs initially meet requirements for the B.S.N. most expeditiously.

DISCUSSION

For many years the education of nurses has moved from hospital controlled schools to colleges and universities in the mainstream of higher education. Expansion of the pool of university educated nurses at both undergraduate and graduate levels has been gradually attained through this process. Acceleration of that process has occurred because colleges and universities have the resources to support professional education and because students value the opportunities for personal and professional development found in the academic community. The advancement of nursing has been enhanced markedly by its association with
colleges and universities with increasing emphasis on the development of nursing knowledge and research. In the past three years, the continued movement of nursing education from hospitals to institutions of higher education has been hastened by the system of prospective payment for patient care because the provision of "pass through" monies from patient care to education has been called into question. If continued, this situation would severely limit the funds which hospitals have available to subsidize costly programs of study in basic nursing education. In this changing academic and financial environment, a number of hospital schools of nursing have closed, others are uncertain about their futures and some are seeking new structures and relationships. Some schools of nursing operated by hospitals, are developing plans to become "colleges of nursing" which will offer a single program of study and will award the bachelor's degree. The major reasons which hospitals identify for retaining educational programs for nurses relate to the long commitment of nursing education and to the need for access to a continuing supply of RN graduates to staff the hospital, a factor which is of concern due to the returning shortages of nurses.

Closing a hospital school of nursing which has historically served students, patients, and the community well is traumatic for those involved, but the decision is often an appropriate one which benefits both taxpayers and students. Taxpayers are no longer required to pay for nursing education, via the system of higher education and also via their health care dollar which partially supports many hospital schools of nursing. Students are no longer prepared in a program which limits or delays their movement into college and university education at the same time that there are increasing demands for more nurses to be prepared at the baccalaureate level. In most cases, local educational costs are reduced when students earn the bachelor's degree expeditiously rather than complete the diploma or associate degree before study is begun toward the bachelor's degree.

While projections of need are increasing for nurses prepared at the baccalaureate level, freshman enrollment in schools of nursing has declined with the young adult cohort. It can be argued that fewer schools of nursing are needed in Ohio and that closing some schools may be timely and appropriate. Members of the Council have confirmed that places for entering nursing students are available in existing accredited baccalaureate programs located throughout the state and that the number of unused spaces will increase. Few existing schools have "caps" on undergraduate enrollment. Thus, new single purpose bachelor of science in nursing (B.S.N.) programs are not needed.

Educational quality as well as need is an issue. Higher education is based on recognition of the university as the source of essential knowledge and of opportunities to develop habits of mind required to fulfill professional responsibilities. Education for professional nursing practice in today's complex health care system requires such an environment.

The primary mission of the academic community of a senior college or university is to teach those who come to learn. Carrying out the
scholarly activities associated with expanding knowledge is an important related function. The primary mission of a hospital is to furnish patient care. Thus, a single purpose B.S.N. program of study in nursing which has a hospital as its parent institution has a mission (education) which is inconsistent with the primary mission of its parent institution (patient care). Therefore, such a program of study can be anticipated to have a claim on resources only after the primary mission is served. Such programs, moreover, cannot draw upon the educational expertise of a parent institution which has had many years of experience in the "business of education" because the expertise of the parent institution is in patient service. Drawing advice or educational services from a variety of resources from outside the parent institution may result in a program of study in nursing which is a college rather than one which demonstrates good organization and integrity.

Another concern with a single purpose college of nursing is the difficulty of fostering a foundation of personal well-being and continuing growth for the student of nursing via liberal education. The Association of American Colleges (1985), the National Institutes of Education (1984), the National Endowment for the Humanities (1984) and the National Panel for Essentials of College and University Education for Nursing (1986) have recommended that more attention to qualities of mind and character be included in the professional nursing curriculum. A "College" which has a single program of study (nursing) cannot meet the following recommendation of the "Essentials" report:

"Since knowledge is neither the exclusive province of the experts in an academic discipline nor limited to a specific set of courses, the whole academic community shares responsibility for the education of the student. Liberal knowledge acquired at the college or university level builds on previous experience and learning and is enhanced by collaboration among faculty from many disciplines. The liberally educated person who is prepared in this manner can responsibly challenge the status quo and anticipate and adapt to change."

In addition to the issues of need and of quality, there are other practical problems which are inherent in the establishment of "Colleges" which offer a single major (nursing). Existing faculty of many hospital schools of nursing may not possess the academic credentials (minimum of a master's degree in nursing) and other qualifications required to teach a B.S.N. program. Persons so qualified are already in short supply and the establishment of new programs would provide further drain on this already limited resource. Typically, hospital based schools do not emphasize research or other scholarly activities as inherent in the faculty role. It would be difficult for faculty to develop the professorial role of teaching, research and community service in an institution without senior professors of nursing or colleagues in other disciplines who can serve as role models. It has also been extremely difficult for such programs to meet the criteria for National League for Nursing accreditation of baccalaureate and higher degree programs in part because of the issues of faculty qualifications and academic governance.
Health care agencies play an important role in the education of professional nurses but they should not control the educational resources or the program of study. There are models of college-hospital collaboration both inside and outside Ohio in which each institution draws upon its own resources and unique expertise to educate nurses who are well qualified to care for persons with health care needs. Examples of such models include the University of Illinois - Evanston Hospital, Wright State University - Miami Valley Hospital and Otterbein College - Grant Hospital. Leaders of these and other institutions are available as consultants to hospitals to assist them to evolve educationally sound programs of study.

The members of the Council believe that students would not be well served by colleges of nursing which have inherent problems with obtaining ongoing adequate financial support, qualified faculty, appropriate academic governance and the benefits of a total academic environment. Delays in meeting accreditation criteria — if they can be met at all — would make it difficult for the most able students to be admitted to some graduate schools or to pursue certain careers, such as those in the military service. In addition, the approval of any such institution would potentially establish a trend which would divert qualified students and faculty from existing accredited baccalaureate programs and would undermine the work of many decades to place nursing education firmly within established colleges and universities and in the mainstream of higher education.

The responsibility of offering a program of study in professional nursing requires more than the opportunity to award a degree. It involves an understanding of mission and the existence of faculty with the needed expertise to forge qualities of character and intellect required for professional nursing practice. Preparing a truly educated nurse requires a college or university community which cherishes the responsibility of upholding high standards of teaching and learning, has the mechanisms to monitor its standards, and has the resources to fulfill its responsibilities.

June, 1987
August 7, 1987

Dear President

Within Ohio, there is growing interest by some hospitals in establishing single-purpose "colleges of nursing" which would grant the Bachelor of Science degree in nursing. Currently, at least one hospital is vigorously pursuing this goal with the Ohio Board of Regents. The Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs, Inc., is composed of the chief administrators of all of the 25 existing Ohio schools of nursing which grant bachelor’s, master’s, and doctoral degrees. Its members agree unanimously that the bachelor's degree in nursing should continue to be awarded only by established, comprehensive senior colleges and universities.

Our rationale for opposing the establishment of single-purpose colleges is described fully in the enclosed position paper. A major reason for our opposition is that students would not be well served in their professional and personal development. Since the Middle Ages, the university has been recognized as the appropriate environment for professional education because all of the disciplines upon which professional persons draw to provide service and to resolve practice problems are available in that environment. Moreover, collaboration and shared responsibility among the disciplines within an academic community is required to produce the better educated professional person. Another significant reason to oppose single-purpose colleges of nursing is that they are simply not needed. All existing nursing programs in senior colleges and universities in Ohio can accommodate larger enrollments, now and for the foreseeable future, or would benefit from a larger applicant pool. New single-purpose colleges of nursing not only could divert hospital resources from patient care but also would divert students from exiting accredited programs of study in nursing at public and private senior colleges and universities.

The Council believes that it is important that this potential problem be brought to the attention of leaders in higher education so that attempts by hospitals to establish colleges of nursing which will grant a bachelor's degree can be monitored and evaluated in each community as well as in the Ohio Board of Regents' processes. Please phone Dr. Irene Alyn (513-766-2211, x288), Council President, or me (616-369-8451 x371) if you need additional information.

Sincerely,
APPENDIX B

Curriculum
## Mount Carmel College Of Nursing
### Curriculum Plan

#### FRESHMAN YEAR

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#### SENIOR YEAR

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APPENDIX C

Mission Statement
Mission Statement

The mission of Mount Carmel College of Nursing is to provide baccalaureate degree education in nursing within a Christian environment. This private College fulfills the educational mission of the Congregation of the Sisters of the Holy Cross. The Christian values espoused by the Sisters provide the direction for the mission of the College. These values include the worth, dignity, and well-being of each person, the recognition of the wholeness of persons, the sanctity of life, and the promotion of health. The College supports this mission by fostering holistic development of persons, encouraging social responsibility, and preparing students for life and leadership.

The College prepares baccalaureate graduates with the B.S.N. degree for the practice of professional nursing in a variety of health-care settings. It serves qualified students who will accept the challenge to become liberally and professionally educated. Completion of this accredited program provides the foundation for graduate study in nursing.

The College is characterized by excellence in classroom and laboratory instruction, qualified faculty, and low student-faculty ratio, and opportunities for personal growth and professional development. The College's total program is undergirded by its caring philosophy. The program educates individuals to be caring, responsible, accountable professional nurses who are committed to promoting health and the quality of life.

It is the intent of the College to foster an environment which contributes to excellence in teaching. The College is committed to advancing knowledge through research and scholarship. Community service is emphasized by providing education, health-care services, and participating in activities that promote the well-being of the community.
APPENDIX D

Organization Chart
Mount Carmel College of Nursing
Organizational Structure

The ultimate authority rests with the Congregation of the Sisters of the Holy Cross which exercises a governing relationship through the subsidiary corporations of the Holy Cross Health System and Mount Carmel Health and in accordance with the By-Laws of Mount Carmel College of Nursing.

Rev. 7/95
APPENDIX E

North Central Association of Colleges and Schools
Report of Accreditation Visit
April 25-27, 1994
**Strengths**

Strengths listed below are regarded by the team as pertinent to demonstrating the institution's effectiveness in accomplishing its purposes:

1. The faculty, staff, and students demonstrate a strong and caring commitment to the College and the implementation of the mission and purposes of the institution.

2. There is evidence of good administrative leadership.

3. There appears to be a strong Board of Trustees. Members of the Board who met with the team indicated pride, loyalty, and support for the College.

4. Mount Carmel Health and Holy Cross Health systems provide strong support for the College, including assurance of adequate financial resources.

5. The Mount Carmel Hospital and a wealth of community health-care agencies provide rich and varied opportunities for student learning.

6. The institution has shown a commitment for serving the needs of minority students, and this is reflected in a high rate of retention and student satisfaction.

**Concerns**

1. There is no statement regarding an overall philosophy of general education, the ways in which it relates to the major and an indication of its critical role in the total educational program.
2. There is no comprehensive faculty development plan to assist individuals to assume the expected roles and responsibilities of faculty in a baccalaureate degree-granting institution.

3. Limited library facilities do not provide adequate space to house the collection and to provide sufficient study areas for students. Library holdings in non-nursing areas are minimal.

4. There is need for development and adoption of a long-range plan which details a vision for the future, provides a timetable for action, and includes participation of all faculty members and professional staff in the planning process.

5. Some courses at the institution are currently taught by faculty members who do not hold an advanced degree in the area of instruction.

6. Equipment and space for modern laboratory instructions in the basic sciences in insufficient.

Conclusions

In summary, the team’s assessment verifies that Mount Carmel College of Nursing meets the General Institutional Requirements and fulfills the four Evaluative Criteria. It has clear, publicly-stated and appropriate purposes, consistent with its mission; it has organized adequate resources into programs to accomplish its purposes; it is accomplishing its purposes and it can continue to accomplish its purposes.
Advice and Suggestions

This part is addressed primarily to the institution. The recommendations and suggestions which follow are advisory and are not requirements for the institution’s accreditation:

1. The College might increase flexibility in curriculum and program offerings to permit transfer and second-degree students to complete the program in a more timely manner.

2. As hospital renovations are completed, space formerly occupied by the nursing program should be reclaimed for the College to provide additional classroom and library space.

3. Consider focusing the assessment plan to assure that are collected will be used in an organized way to ensure program improvement.

4. The faculty and administration should continue the development of policies and procedures to establish faculty role in academic governance.

5. The previous visiting team listed a concern of the lack of doctorally-prepared faculty and the lack of a formalized plan to recruit doctorally-prepared faculty with experience in baccalaureate degree education. The team notes that six faculty are currently enrolled in doctoral programs. The College provides tuition reimbursement which is commendable and might also consider release time or sabbatical leaves to facilitate degree completion.
Recommendations and Rationale

The team’s recommendation for action, including its recommendation to grant the accreditation of Mount Carmel College of Nursing, is shown on the attached Worksheet for Statement of Affiliation Status.

The team has verified that the College has met the General Institutional Requirements with the stipulation that a statement regarding an overall philosophy of general education, its relationship to specific areas of specialization, and an indication of its importance is needed to fully satisfy GIR2.d.

The College has met Criterion One. The mission of Mount Carmel College of Nursing is primarily to provide a baccalaureate nursing degree program within a Christian environment. This mission is related to the educational mission of the Congregation of the Sisters of Holy Cross.

The College has established five purposes as follows:

1. Provide excellence in teaching.
2. Prepare professionally-educated people.
3. Promote the advancement of knowledge through scholarly activity.
4. Provide a caring environment.
5. Provide educational and health-care resources to the community.

The mission and purposes are accepted and supported by all constituencies. The visiting team has determined that the College has clear and publicly-stated purposes consistent with its mission and appropriate to a postsecondary institution.
The governing board of the College is a Board of Trustees having legal authority for management of the College. Currently, the Board consists of 17 members with varied backgrounds and expertise that support the educational mission of the College. The public interest is represented.

Faculty and staff participate in decision making through various committees, faculty meetings, and meetings of the College Assembly, including faculty and staff.

The nursing curriculum is composed of 133 credits of which 61 credits are nursing courses and 72 credits are general education and support courses. Course syllabi are well-developed, containing course description, behavioral objectives, outline of content, teaching and learning methods, and the criteria for evaluating course achievement.

General education as viewed by the College includes all non-nursing courses. The curriculum plan indicates that students complete 72 semester hours in general education; however, it appears that 32 of those hours are in the basic sciences and mathematics which are more nursing-related than they are general education.

Support programs include adequate student services and administrative services that appear to be functioning properly. Academic advisement and individual attention were cited as strengths by students. Overall, students appear to be satisfied, sufficiently challenged, and supported by the faculty, administration, and staff.

There are 23 full-time, six part-time, and six adjunct faculty. Nineteen of the full-time faculty are in nursing, and the remaining four teach the science courses offered on the Mount Carmel campus. All full-time faculty hold master's degrees in
nursing. Eight faculty are involved in doctoral programs with six at the dissertation stage.

The College occupies approximately 63,000 square feet in buildings that are a part of the Mount Carmel Health complex, which includes a 498-bed hospital. The College is adjacent to the clinical areas of Mount Carmel Medical Center and near other hospitals and clinical agencies. Facilities include faculty and staff offices, classrooms, laboratories, and conference rooms. The College also has access to classrooms and other facilities located throughout the Mount Carmel Health campus.

The Mount Carmel health Center library also serves as the College library. The library has an excellent collection in nursing and health-related holdings. Numerous data bases in health fields are available by CD-ROM access. There is limited space for the collection and for study and work areas. Holdings in the liberal arts and sciences are minimal.

The learning resource center is equipped with personal computers and video equipment. Additional computers and multimedia computer systems will be needed as enrollments increase.

Financial resources are stable and sufficient. Major sources of revenue include tuition and fees, gifts and grants, and a subsidy from Mount Carmel Health. The subsidy includes all expenses above income generated by the College. Mount Carmel Health also provides other services including library, physical plant operation, accounting, and other financial services. Financial operations of the College are audited annually by an independent external auditing firm.
The team has concluded that Mount Carmel College of Nursing has effectively organized its resources into educational programs so that it can accomplish its purposes. The team, therefore, certifies that Criterion Two has been met.

The Collection has demonstrated the effective use of resources to accomplish its purposes. The mission and purposes are understood and supported by all constituencies of the College. Sufficient human, physical, and financial resources are available to accomplish the purposes. Effective leadership and a capable and committed faculty are present, and the student body is showing growth. It was apparent to the team that the faculty, staff, and students enjoy a caring and helpful relationship.

An Assessment Committee was established in 1992-93 to design assessment programs to evaluate the effectiveness of various college activities and programs and to lead to improvements where needed. The Assessment Activities Plan was implemented in the autumn of 1993 with activities pertaining to liberal and professional education, educational and health-care resources for the community, scholarly activity, excellence in teaching, and a caring environment. Within these broad topics, the Plan addresses all areas of the institution.

The College receives much support from its relationship with Mount Carmel Health and Holy Cross Health System Corporation. As a subsidiary of Mount Carmel Health, sufficient financial resources are provided.

In the opinion of the visiting team, Mount Carmel College of Nursing is accomplishing its purposes and has met Criterion Three.
There is considerable evidence indicating that the College can continue to accomplish its purposes. Since its founding in 1990, the College has been continuously involved in self-evaluation activities. As a result, the College has been able to identify those areas needing improvement and to plan appropriate action. This experience will enable the College to continue evaluation procedures and make improvements in the coming year.

Although the College was recently established, it had been functioning since 1903, offering a nursing diploma program. The College benefits from this experience. The College is assured of sufficient financial resources in the future, due to the support of Mount Carmel Health. Additional services provided by Mount Carmel Health will continue.

The team recognizes the progress made in recent years and the availability of human, physical, and financial resources and concludes that Mount Carmel College of Nursing can continue to accomplish its purposes, satisfying Criterion Four.

The team identified several institutional strengths and concerns. Some of the strengths are:

The faculty, staff, and students demonstrate a strong and caring commitment to the College and the implementation of the mission and purposes of the institution.

There is evidence of good administrative leadership.

There appears to be a strong Board of Trustees. Members of the Board who met with the team indicated pride, loyalty, and support for the College.
Mount Carmel Health and Holy Cross Health systems provide strong support for the College, including assurance of adequate financial resources.

Some of the concerns include:

There is no statement regarding an overall philosophy of general education, the ways in which it relates to the major, and an indication of its critical role in the total educational program. (see GIR2.d.)

There is no comprehensive faculty development plan to assist individuals to assume the expected roles and responsibilities of faculty in a baccalaureate degree-granting institution.

Limited library facilities do not provide adequate space to house the collection and to provide sufficient study areas for students. Library holdings in non-nursing areas are minimal.

Some courses at the institution are currently taught by faculty who do not hold an advanced degree in the area of instruction.

The team has recommended initial accreditation of Mount Carmel College of Nursing because it fully meets the Criteria for Accreditation. The team has recommended a comprehensive evaluation in five years. Because of the progress that has been demonstrated and because of apparent strengths, the team believes there is no need for any follow-up evaluation procedures during the next five years.
APPENDIX F

National League for Nursing

Correspondence and Recommendations
April 12, 1995

Ann E. Schiele, MSN, RN
President/Dean
Mount Carmel College of Nursing
127 South Davis Avenue
Columbus, Ohio 43222

Dear President Schiele:

At its March 1995 meeting, the Board of Review for Baccalaureate and Higher Degree Programs evaluated for NLN accreditation the baccalaureate degree program offered by the Mount Carmel College of Nursing.

Deliberations of the board centered on determining from the school's self-study report submitted by the faculty, the school catalog, the program evaluators' report and recommendations, the extent to which the criteria specified in Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing, 1991, have been achieved and implemented.

The board voted to grant initial accreditation to the baccalaureate degree program in nursing. National League for Nursing initial accreditation of a nursing program is effective as of the date it is granted by the board of review and is retroactive to the 12-month period prior to the date of the accreditation site visit. The board also formulated recommendations identifying areas needing improvement. Attached is a copy of the recommendations citing the criterion to which the recommendation relates and the source of each recommendation.

The board scheduled the next visit for reaccreditation of the baccalaureate degree program in nursing for Fall 1999.

The members of the board welcomed the opportunity to meet with the program representative at the board meeting.
The name of the school will appear on the official list of accredited programs published by the National League for Nursing in the June issue of *N&HC: Perspectives on Community*.

The board of review congratulate the administration and faculty for their continued endeavors to offer quality education in nursing.

Sincerely,

Sandra Lewenson, EdD, RN
Secretary, Board of Review
for Baccalaureate and Higher
Degree Programs

cc: June O'Connell, PhD, RN
    Dean, Academic Affairs
    Sandra Krafft, EdD, RN, Program Evaluator
    Annette K. Barrar, EdD, Program Evaluator

Enc: Recommendations
The following recommendations and specific cited criteria focus on areas to be improved. The cited criteria are those which are not met. Criteria that have been met are not cited.

1. Faculty hold, as a minimum, a master's degree in nursing. The academic and experiential qualifications and diversity of backgrounds of the faculty are appropriate to their roles and to meet nursing unit goals. Faculty maintain expertise appropriate to their teaching responsibilities. (Criterion 10: Faculty, page 15.)

   The board noted that four part-time faculty do not hold a master's degree in nursing and two other faculty do not have academic qualifications appropriate to their teaching responsibilities (self-study report, pages 58-66; program evaluators' report, pages 23-24).

   The board recommended that faculty hold, as a minimum, a master's degree in nursing and have academic qualifications appropriate to their teaching responsibilities.

2. The evaluation plan includes the required and selected optional outcome criteria which follow. All outcomes should be consistent with the mission of the unit. (Criterion 20.20.3.20.5: Optional 20.5.20.7: Evaluation, page 25.)

   The board noted that although the definition and process for measuring communication, therapeutic nursing interventions, patterns of employment, organization of work environment and service are in place, program decisions are not based on aggregate outcome data and analysis of methods of measurement (self-study report, pages 116-123 and 126-134; program evaluators' report, pages 37-38, 41-44, 47-53).
The board recommended that the nursing program further develop the process of refining evaluation methods and that summaries of outcome data be used for program development, maintenance, and revision.

Sandra Lewenson, EdD, RN
Secretary to Board of Review
Baccalaureate and Higher Degree Programs in Nursing

Criteria and Guidelines for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing, 1991
MOUNT CARMEL COLLEGE OF NURSING
STUDENT SURVEY

This survey is your opportunity to give us your opinion of the various services and facilities of your college. Please indicate your reactions to each of the items on the Scantron Survey Answer Form. If you have comments on any items, in addition to your a,b,c,d or e reactions, write them on a separate sheet of paper.

LABEL THE "SUBJECT" AREA OF YOUR SCANTRON SHEET "STUDENT SURVEY"

The following scale should be used for each survey question:

a  b  c  d  e
Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion/
Not Enough Information

Support Services

1. I am aware of the services offered by Campus Ministry.
2. I use the services provided by Campus Ministry.
3. I am satisfied with the services provided by Campus Ministry.

4. I am aware of the services offered to me by Health Nurse.
5. I use the services provided by the Health Nurse.
6. I am satisfied with the services provided by the Health Nurse.

7. I am aware of the existence of Counseling Services.
8. I use the Counseling Services.
9. I am satisfied with the Counseling Services.

10. I am aware of the services provided by the Registrar.
11. I use the services provided by the Registrar.
12. I am satisfied with the services provided by the Registrar.

13. I am aware of the events planned by Student Activities.
14. I take advantage of the events planned by Student Activities.
15. I am satisfied with the events planned by Student Activities.

16. I am aware of the existence of Tutoring Services.
17. I use the Tutoring Services.
18. I am satisfied with the Tutoring Services.

19. I am aware of my Academic Advisor.
20. I use my Academic Advisor.
21. I am satisfied with the services provided by my Academic Advisor.
22. I am aware of Financial Aid services.
23. I use the Financial Aid services.
24. I am satisfied with the Financial Aid services.
25. I am aware of the services of Admissions and Recruitment.
26. I use the services of Admissions and Recruitment.
27. I am satisfied with the services of Admissions and Recruitment.
28. I am aware of Career Placement services.
29. I use the Career Placement services.
30. I am satisfied with the Career Placement services.

Integration of General Education

The General Education courses in the curriculum are listed below. Please use the a-e scale to indicate your level of agreement for each General Education with the following statement:

The content of this course was integrated into my nursing courses-

31. General Chemistry SCIE 101
32. Organic Biochemistry SCIE 102
33. Anatomy & Physiology I SCIE 223
34. Anatomy & Physiology II SCIE 224
35. Microbiology SCIE 225
36. Nutrition SCIE 120
37. Pathophysiology SCIE 330
38. Individual & Religion HUMN 110
39. Ethics & Moral Issues HUMN 220
40. American History HIST 115
41. College Writing COMM 120
42. General Psychology PSYC 110
43. Human Growth & Development PSYC 333
44. Introduction to Sociology SOCL 110
45. Marriage & Family SOCL 220
46. Statistics I MATH 230
Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion/Not Enough Information

Liberal Education

Characteristics of Liberally Educated person:

Personhood (caring, knowledge of self, dignity of life)
Inquiry (critical thinking, problem solving)
Historical & Contemporary (political issues, social, history)
Literacy (writing, reading, speaking, numerical, computer)
Multicultural (openness, exposure to other cultures)
Scientific understanding

The content of this course contributed to my attainment of the attributes of a liberally educated person:

47. General Chemistry  S CIE 101
48. Organic Biochemistry  S CIE 102
49. Anatomy & Physiology I  S CIE 223
50. Anatomy & Physiology II  S CIE 224
51. Microbiology  S CIE 225
52. Nutrition  S CIE 120
53. Pathophysiology  S CIE 330
54. Individual & Religion  HUMN 110
55. Ethics & Moral Issues  HUMN 220
56. American History  HIST 115
57. College Writing  COMM 120
58. General Psychology  PSYC 110
59. Human Growth & Development  PSYC 333
60. Introduction to Sociology  S OCL 110
61. Marriage & Family  S OCL 220
62. Statistics 1  MATH 230
College Mission and Philosophy

63. The operation of the College reflects the mission statement of the College.
64. Graduates are prepared to practice in a variety of health care settings.
65. The College is characterized by a caring environment.
66. Excellence in teaching is evident in the College.
67. Opportunities for personal growth are provided.
68. The College fosters the holistic development of persons.
69. Social responsibility is encouraged by the College.
70. The College prepares students for life and leadership.
71. Community service is provided by the College that promotes the well-being of the community.

Physical Facilities

72. There are sufficient numbers of classrooms.
73. The chemistry/microbiology laboratory space is adequate.
74. The anatomy and physiology lab is adequate.
75. The lighting of the classrooms is adequate.
76. The temperature of the classrooms is adequate.
77. The ventilation of the classrooms is adequate.
78. The acoustics of the classrooms is adequate.
79. The comfort of the seating in the classrooms is adequate.
80. The lighting of the chemistry/microbiology lab is adequate.
81. The temperature of the chem/micro lab is adequate.
82. The ventilation of the chem/micro lab is adequate.
83. The acoustics of the chem/micro lab is adequate.
84. The comfort of the seating in the chem/micro lab is adequate.
85. The lighting of the anatomy/physiology lab is adequate.
86. The temperature of the anatomy/physiology lab is adequate.
87. The ventilation of the anatomy/physiology lab is adequate.
88. The acoustics of the anatomy/physiology lab is adequate.
89. The comfort of the anatomy/physiology lab is adequate.

90. The nursing skills lab provides sufficient space for students to practice nursing skills.
91. The nursing skills lab provides sufficient equipment for students to practice skills.
92. The nursing skills lab provides adequate lighting.
93. The nursing skills lab equipment is in operable condition.

94. The Learning Resources Center has sufficient, updated software/media available to meet my needs.
95. The LRC has adequate furniture to meet my needs.
96. The LRC has adequate lighting.
97. The LRC temperature is adequate.
98. The LRC has adequate furnishing.
99. The LRC has adequate equipment (computers, VCR, etc.) to meet my needs.
100. The LRC is sufficient in size to meet my needs.

PLACE REMAINDER OF RESPONSES ON SIDE 3 OF SCANTRON SHEET.

101. The LRC has an appropriate quiet atmosphere to meet my needs.
102. The LRC has adequate reference materials to meet my needs.

103. The Recreation Room (Basement) is adequate in space to meet my needs.
104. The Recreation Room (Basement) is adequate in equipment to meet my needs.
105. The Recreation Room (Basement) is adequate in availability to meet my needs.

106. The SNAM room is adequate in space to meet my needs.
107. The SNAM room is adequate in equipment to meet my needs.
108. The SNAM room is adequate in availability to meet my needs.

109. The Main Lounge (1st Floor) is adequate in space to meet my needs.
110. The Main Lounge (1st Floor) is adequate in equipment to meet my needs.
111. The Main Lounge (1st Floor) is adequate in availability to meet my needs.

112. The College Chapel is adequate in space to meet my needs.
113. The College Chapel is adequate in equipment to meet my needs.
114. The College Chapel is adequate in availability to meet my needs.
115. The gymnasium is adequate in space to meet my needs.
116. The gymnasium is adequate in equipment to meet my needs.
117. The gymnasium is adequate in availability to meet my needs.

118. The Student Organization Room is adequate in space to meet my needs.
119. The Student Organization Room is adequate in equipment to meet my needs.
120. The Student Organization Room is adequate in availability to meet my needs.

121. The Exercise Room is adequate in space to meet my needs.
122. The Exercise Room is adequate in equipment to meet my needs.
123. The Exercise Room is adequate in availability to meet my needs.

124. The restroom facilities are adequate in availability to meet my needs.
125. The telephones in the college are adequate in availability to meet my needs.
126. The commuter rooms on the 5th Floor are adequate in number to meet my needs.

127. The commuter rooms on the 5th Floor are adequate in furnishings to meet my needs.
128. Study areas in the college are adequate in availability to meet my needs.
129. Study areas in the college are adequate in furnishings to meet my needs.

130. Areas for relaxation in the college are adequate in availability to meet my needs.
131. Areas for relaxation in the college are adequate in furnishings to meet my needs.
132. Locker facilities are adequate in availability to meet my needs.

133. Locker facilities are adequate in furnishings to meet my needs.

Library Facilities

134. The book collection is adequate to meet my needs.
135. The journal collection is adequate to meet my needs.
136. The library's computer resources are adequate to meet my needs.
137. The library's study areas are adequate to meet my needs.

138. The library furniture is adequate.
139. The library lighting is adequate.
140. The library seating is adequate.
141. The library size is adequate.
142. The library quietness level is adequate.

IF YOU HAVE NOT LIVED IN MCCN RESIDENCE, YOU HAVE COMPLETED THE SURVEY. IF YOU HAVE LIVED IN RESIDENCE, CONTINUE TO ITEM #143.
Strongly Agree  Agree  Disagree  Strongly Disagree  No Opinion/
Not Enough Information

(Assert these next questions only if you have lived in residence at MCCN)

143. Laundry facilities are adequate to meet my needs.
144. Residence rooms are equipped adequately.
145. Residence area is cleaned on a regular basis.
146. Residence areas are attractive.
147. Residence areas have adequate kitchen facilities.

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR STUDENT SURVEY. WE DO VALUE YOUR OPINIONS. YOU ARE ENCOURAGED TO MAKE ANY WRITTEN COMMENTS ON ANY OF THE ABOVE AREAS IN THE SPACE BELOW. USE THE BACK OF THE PAPER IF NECESSARY.

ADDITIONAL COMMENTS:

wp/stumu2/jfn
4/21/94
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