Integrating Urban Sustainability (US) into a Doctoral Nursing Curriculum

6 March 2009
Abstract

According to the World Commission on Environment and Development (1987), people “are the ultimate resource” of sustainability, but to be effective people must be physically and mentally healthy. However, threats to health are of a major concern with global urban population growth and natural and man-made environmental hazards. The most economical and successful approach to counteract these threats is to promote and protect the health of people residing in the urban environment. Nurses have a rich history of working with groups and individuals in diverse urban environments on a wide range of health issues and are well positioned to play a critical role by discovering actions that promote health, minimizing the risk for and consequences of disease and illness, and communicating these efforts to citizens, employers, and policy makers. To accomplish this end, urban sustainability needs to be integrated into nursing education at the doctoral level. This presentation will consist of four parts: an overview of the evidence supporting nursing as a key discipline in urban sustainability; a description of the initial steps to integrate sustainability into the doctoral nursing curriculum; a presentation of the curriculum; and a discussion of the barriers encountered in developing this curriculum along with solutions to overcoming the barriers.
US Early Nursing Adopters

- Barbara St. Pierre Schneider, DNSc, RN
- Nancy Menzel, PhD, RN
- Lori Candela, EdD, RN
- Yu (Philip) Xu, PhD, RN
- Sally Miller, PhD, RN
Overview

• Brief introduction
• Diffusion of Innovations Theory
• Process of US curricular development
• Supports/barriers/opportunities
• Lessons learned
Why a US Doctoral Nursing Curriculum?

• US is a major health problem.
### Urban Growth and Density

<table>
<thead>
<tr>
<th>Year</th>
<th>Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952</td>
<td>75,000</td>
</tr>
<tr>
<td>1967</td>
<td>230,000</td>
</tr>
<tr>
<td>1972</td>
<td>340,000</td>
</tr>
<tr>
<td>1995</td>
<td>1,040,000</td>
</tr>
<tr>
<td>2006</td>
<td>1,800,000+</td>
</tr>
</tbody>
</table>
Why a US Doctoral Nursing Curriculum?

- US is a major health problem.
- UNLV School of Nursing decided to start another innovative doctoral option.
Diffusion of Innovation

- The process by which an innovation is communicated through certain channels over time among the members of a social system (Rogers, 2003).
Theory’s Main Elements

1. Innovation
2. Communication channels
3. Time
   a. Innovation-decision process
   b. Relative time with which innovation is adopted
   c. Innovation’s rate of adoption
4. Social system
Innovation

• An idea, practices, or objects that are perceived as new by others
  – Innovation is risky; not always successful
    • Desirable vs undesirable consequences
    • Direct vs indirect consequences
    • Anticipated vs unanticipated consequences
Innovation Adoption S-Curve

- **Innovators (2.5%)** -- Brave leaders
- **Early adopters (13.5%)** – Opinion leaders; try out new ideas in a careful way
- **Early majority (34%)** – Thoughtful, careful, accept change more quickly than average
- **Late majority (34%)** – Skeptics, will use new ideas only when majority use them
- **Laggards (16%)** – Traditional; critical of new ideas
Innovation – Decision Process

1. First knowledge of innovation
2. Persuasion
3. Decision to adopt or reject
4. Implementation of new idea
5. Confirmation of decision
Process in US Curricular Development

- Innovation: urban sustainability applies to nursing
- First knowledge of innovation
  - One faculty member (Innovator) presented this idea to doctoral level faculty as a possible PhD new option.
Process in US Curricular Development

- Reasons
  - Align with university initiatives, capitalize on the Las Vegan urban environment, and be consistent with *Healthy People 2020* (social determinants of health).
  - Distinguish School of Nursing with an innovative program rather than a copy of existing programs.
  - Incorporate diverse faculty expertise/interests.
Persuasion

- PhD faculty approved the concept and broadened the doctoral outcomes to be more inclusive.
- Core group of faculty (Early adopters) had to first educate themselves on US as a concept, assess whether or not and how it related to nursing, and market it to other faculty.
  - Facilitated through meetings, web site with readings
  - Joint authorship of a peer-reviewed paper
- Time: one year
Graduate Faculty formed US Task Force.
- Searched UNLV for US courses.
  - Met with US-interested faculty on and off campus.
- Conducted an Internet search for other schools offering US courses in any discipline.
  - Looked for content and online availability.
- Proposed curriculum plan to Graduate Faculty (Early majority) that included course titles, course descriptions, and faculty resources.
Decision to Adopt or Reject

- Graduate Faculty proposed curriculum to various levels of faculty governance:
  - Academic Affairs Council
  - Faculty Organization (*Late majority*)
- Time: 9 months
Implementation of New Idea

• Once Faculty Organization approved the curriculum changes, innovators and early adopters developed course syllabi.
Confirmation of Decision

- PhD coordinator submitted curriculum to Graduate College New Program Evaluation Committee (approved), then to University Curriculum Committee.
  - Time: pending University decision
Innovation Diffusion: Prior Conditions Affecting Process

- Previous practice
- Felt needs/problems
- Innovativeness
- Norms of the social systems
Support from the Start

• Novel area for nursing scholars
• Administrative support
  – University, School, discipline level (grassroots origin)
  – Existing PhD in Nursing program
  – Innovator and early adopters
• Nursing faculty talent
  – Online expertise
  – More diverse faculty research expertise
  – Strong public health/population-focused/health promotion expertise
Turning Barriers into Opportunities

• US: traditionally not on nursing’s radar
  – No PhD in Nursing programs focusing on US
    + US fits well with our diverse faculty research agenda
    + UNLV SON/ future graduates at forefront of US nursing

• US: knowledge gap among nursing faculty
  – ? how nursing really fits with US
  – Resistance, fear, not engaged
    + small group of early adopters
    + buy-in over time: early and late majorities
More Barriers-to-Opportunities

- US and Nursing
  - US not known in nursing literature
    + Generation of US manuscript targeted to nursing audience
    + Plans for next manuscript
    + Conference presentations
    + Early research funding: URBAN 21
    + Nursing ↑ associated with US
More Barriers-to-Opportunities

• US Collaboration across disciplines
  – Finding US courses around campus - here and there
  – Courses not PhD level or not online
  – Faculty resistance/ workload and reward issues

+ ↑ opportunities for collaboration
+ ↑ opportunities for multidisciplinary interaction
Lessons Learned

• Innovator with a strong belief
• Cadre of early adopters
• Self-educating process
  – As a faculty
  – As an individual
• Baby steps
Acknowledgments

- Dean Carolyn Yucha
- VP Ron Smith
- UNLV US Director Tom Piechota
In Closing…

• When you innovate, you’ve got to be prepared for everyone telling you you’re nuts.
  – Larry Ellison