The well-documented aging of nursing faculty and faculty shortages (NLN, 2010), combined with a rise in student enrollment (particularly in prelicensure programs), placed several kinds of administrative pressures on nursing schools: the need for more clinical practice settings, adjunct clinical faculty, and policies and procedures on student admission and graduation, particularly related to the National Council of State Boards of Nursing licensure examination (NCLEX-RN®). These changes led to a significant increase in departmental duties and a need to add administrative positions. In the fall of 2005, in response to the rise in student enrollment, the addition of new programs, and their dissatisfaction with current conditions, the nursing faculty, the half-time associate chair, and the dean/chairperson of the nursing school recognized the need for a reorganization.

**Literature Review** A search of several databases (conducted in 2008), using the key words organizational structure, Lewin's change theory, nursing education leadership, nursing administration, administrative change, and school of nursing change, revealed no articles in the past five years on organizational change in nursing education. According to Booth (1994), 34 studies on nursing education administration were conducted between 1956 and 1985, only six of which focused on schools of nursing as complex organizations and reorganization of nursing education administrative structures. Between 1991 and 2003, no studies and two anecdotal articles (Littlefield, 1989; Shah, Organek, & Lessner, 1991) were found that addressed administrative restructuring of a nursing school. This lack of research leaves educational leaders with little direction for revising their schools’ structure. The search did, however, yield several articles describing principles and strategies used in administrative change.

Nursing education leaders seeking to reorganize their schools’ structure must understand how the changes will affect those who participate in them. Faculty tend to embrace changes that they create and those rooted in research or anecdote; likewise, they resist change they feel has been forced on them, limits their independence, or results in losses of any kind. Resistance also results from poor communication and lack of transparency, whether real or perceived (Littlefield, 1989).

Booth (1994) asserts that the nursing education leader must be the impetus for change. A true leader goes beyond maintaining the status quo to fostering an environment that encourages creativity, collegiality, vision, and risk taking. Littlefield (1989) proposes useful strategies, including the collection of data from students, faculty, staff, and administrators through asking open-ended questions.
ended questions; a summary of the data can be used in discussion with faculty, which can lead to the development of new job descriptions and identification of faculty interested in filling new positions. Other factors to consider are the environment, resources, culture, and political climate of the school of nursing and the supporting institution. The creation of one or more new administrative models is followed by more discussion and a faculty vote. Implementation of the chosen model takes place, followed by a plan for reflection, evaluation, and revision.

A committee or task force to lead the change can encourage faculty involvement. Shah et al. (1991) write that a committee appointed to collect data, lead discussion, develop a model or models for a new administrative structure, and implement the new structure was important in their experience: “Through repeated refinement of ideas and arrival at consensus, everyone had an opportunity to offer an opinion. The result was a product that evolved from faculty members with a potential for maximum benefit” (p. 30). Booth (1994) also suggests that a faculty task force “can be charged with a single purpose and be expected to complete the task in a timely manner” (p. 339).

Lewin’s Change Theory The school of nursing used Lewin’s (1951) three-stage Force Field Model of Change as the framework for organizational change. A variety of change theories have been noted in the nursing literature and were considered for use, including Lewin’s model and Kotter’s Eight-Step Change Model. Cellars (2007) compares the change theories of Lewin, Kotter, and McKinsey and notes that a disadvantage of Kotter’s model is that all eight steps must be completed in a limited period. Lewin’s theory was selected for this restructuring plan because of its ease of use and because it allows progress through the stages to be identified. Although Lewin’s theory was developed over 50 years ago, it remains widely used.

According to Burnes (2004), during the first stage, unfreezing, “equilibrium needs to be destabilized (unfrozen) before old behavior can be discarded (unlearnt) and new behavior successfully adopted” (p. 985). Participants may be discontented and believe a change is needed, and as Burnes notes, “For a change to be effective, it must take place at the group level, and must be a participative and collaborative process which involves all of those concerned” (p. 984).

The next stage is movement, in which participants identify the plan for change and implementation strategies and consider “driving forces,” which push toward change, and “restraining forces,” which pull away from change. Driving forces should offset restraining forces. Wagstaff (2006) suggests that “resistance to change, a common and natural phenomenon, can come from psychological, environmental, and societal factors” (p. 14). Change should be implemented gradually, and addressing resistance may be a long process (Marquis & Huston, 2006). A timeline of target dates for meeting goals and objectives is developed and strategies for overcoming resistance are identified.

The final stage is refreezing, during which changes are implemented, integrated, and evaluated. Murphy (2006) writes that “commitment and motivation are therefore required by group members to make this stage successful” (p. 25).

Unfreezing Stage DETERMINE THE NEED FOR CHANGE According to Kezar, Lester, Carducci, Gallant, and McGavin (2007), successful faculty leaders have supportive administrators. The dean, desiring faculty involvement, authorized the development of a task force — half of the full-time faculty volunteered to serve — and a faculty leader with management expertise was named chairperson. The chairperson demonstrated leadership by initiating structure — “planning, directing others, and establishing deadlines and details on how work is to be done” (Kelly-Heidenthal, 2003, p. 169). A timeline was defined, a list of committee goals was developed, and tasks were delegated at the first meeting.

GATHER DATA First, the task force developed a questionnaire (Figure 1) that would identify the strengths and weaknesses of the current structure, itemize administrative duties, expose sacred cows, and gather suggestions for restructuring. Task force members used it to interview faculty and prior and current administrators; they also reviewed organizational charts of other college departments and colleges of similar sizes.

Data gathered in interviews showed that administrative duties should include but not be limited to:

- Assuring the integrity of academic programs
- Developing new programs
- Collaborating with others at the college, in the community
- Managing faculty and student issues
- Reviewing and revising policies and procedures

Current and former nursing administrators identified the following weaknesses of the organizational structure:

- Administration consisted of a dean/chairperson and a half-time associate chairperson with no updated job descriptions.
- The dean had a 12-month contract and the half-time associate chairperson had a 9-month contract. This led to insufficient administrative coverage in the summer months when the dean took vacation.
- The administrative workload was too extensive for one full-time and one half-time position.
Figure 1. Task Force Data Collection Questionnaire

1. Name the administrative duties required in the school of nursing (SON).
2. Name the strengths of the current organizational structure.
3. Name weaknesses of the current organizational structure.
4. What changes do you anticipate affecting the BSN program over the next five years? How will this affect administrative workload and responsibilities?
5. What do you think should be the maximum number of students admitted to the SON each semester in 2008?
6. What are the administrative responsibilities of the master’s of science in nursing program and how should they be incorporated into SON job descriptions?
7. Identify any administrative sacred cows.
8. Share your thoughts regarding the efficacy of the current committee structure in the SON (admission, progression and graduation; curriculum; and evaluation).
9. What impact does this structure have on the administrative workload?
10. Share your feelings regarding administration of clinical, lab, and adjunct faculty in the SON.
11. Do you have any suggestions regarding restructuring the SON? In your view what would be the ideal organizational structure of the SON?
12. Who should be responsible for grant writing and management?
13. Who should be responsible for clinical sites and adjunct faculty: setup, problem solving, and evaluation?
14. What is your view on the position or positions that should be responsible for personnel: hiring, evaluating, problem solving, assignments?
15. What administrative tasks are currently not being performed or are being underperformed?
16. Are there duties/responsibilities currently being performed by administrative personnel that would more appropriately be delegated or moved to another department or group?
17. Name any overlap in administrative responsibility within the SON administration and between the SON and other college departments.
18. Share your opinion regarding the following administrative issues:
   a. Length of contract
   b. Qualifications of administrator (education, experience, etc.)
   c. Teaching load
   d. Pay scale

- Necessary curricular changes were not developed and implemented in a timely manner.
- Orientation of new faculty and staff was inadequate because of limited resources.

Everyone interviewed mentioned the need for more faculty and staff because of the growing student population.

Job Descriptions During the data-collection phase, the task force learned of faculty members’ and administrators’ vision of the organizational structure and asked about the job descriptions of the proposed positions. Although these visions varied, all those interviewed said change was needed and they were committed to it.

The task force wrote detailed job descriptions for the five proposed administrative positions (Figure 2). This allowed for a better distribution of administrative responsibilities and use of administrators’ expertise.

Movement Stage DEVELOP PLAN Before the restructuring, the administrative workload was extensive and unevenly distributed. The dean served as chairperson and was required to teach one course per semester. Consequently, between 1997 and 2004, the dean/chairperson changed five times. During two of these turnovers, a nurse faculty member assumed the position temporarily, further disrupting workloads. Former deans cited administrative and workload demands as the primary reason for leaving the position; the current dean and associate chairperson voiced similar concerns. The faculty hoped that a fairer distribution of administrative duties and a better use of faculty would lead to fewer turnovers.

In the fall of 2005, all 37 positions in the nursing school reported to the dean: a) a half-time associate chairperson, b) all faculty (full-time, part-time, and adjunct), c) administrative assistants, d) a nursing lab coordinator, e) teaching assistants, and f) advisers and recruiters. Students brought their unresolved problems or grievances to the dean, who also managed the development of programs, including the MSN program and allied health programs. Also that fall, the associate chair resigned from the position, leaving the dean with sole responsibility for all administrative details; faculty, staff, and student concerns; and program development.

In 1997, the ratio of nursing administrators to students was 1:163. By 2005, enrollment had increased, and the ratio was 1:518. Using the 1997 ratio as the standard, the task force determined that the school would require 3.2 full-time-equivalent (FTE) undergraduate administrators, plus one more for the proposed MSN program. The dean’s job description was
### Figure 2. Proposed Job Descriptions for the School of Nursing

<table>
<thead>
<tr>
<th>ADMINISTRATIVE POSITION</th>
<th>EDUCATION AND ADMINISTRATIVE AND TEACHING LOAD</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| Dean, School of Nursing, and Chairperson, Department of Nursing | Education: PhD in nursing or related field with MSN Administrative 75%, Teaching 25% | • Strategic planning, goal setting, program development and oversight, department budget, policy development  
• College administrative responsibilities  
• Oversight of department chairs and support staff  
• Maintenance program accreditation and licensure  
• Oversight of community outreach |
| Graduate Chairperson | Education: PhD in nursing or related field Administrative 75%, Teaching 25% | • Assistance to dean in maintaining program accreditation and evaluation  
• Curriculum development and management  
• Faculty selection, orientation, evaluation  
• Program budget, community outreach, recruiting  
• Teaching, advising, student support services |
| Chairperson, Recruitment, Advising, Marketing | Education: MS in nursing or related field Administrative 75%, Teaching 25% | • Nursing student advising  
• Oversight of advising and recruiting  
• Oversight of Admission, Progression and Graduation Committee; policies and procedures  
• Adviser selection, orientation, and evaluation  
• Class scheduling, National Council Licensure Examination preparation and coordination  
• Coordination of nursing continuing education offered through the college  
• Advising, recruiting, marketing, budget |
| Chairperson, Undergraduate Curriculum | Education: MS in nursing or related field Administrative 50%, Teaching 50% | • Curriculum development; oversight of curriculum, course descriptions, and syllabi; oversight of curriculum committee; evaluation of curriculum  
• Theory faculty selection, orientation, evaluation  
• Student issue resolution related to theory classes  
• Maintenance of student handbook, nursing information on college website  
• College Cardiopulmonary Resuscitation Committee |
| Chairperson, Undergraduate Clinical Education | Education: MS in nursing or related field Administrative 75%, Teaching 25% | • Clinical site selection, development, negotiations  
• Maintain clinical site and preceptor contracts  
• Clinical and lab faculty selection, orientation, and evaluation  
• Student issue resolution related to clinical, lab classes  
• Clinical and lab policies; oversight of daily lab operation and budget  
• Clinical and lab quality and evaluation  
• Oversight of history and physical requirements for students, faculty |

Rewritten and the task force proposed three new undergraduate administrative positions and one graduate chairperson position. In addition, the curriculum was being revised, separating the RN-to-BSN and prelicensure students in theory courses and eliminating clinical requirements for RN-to-BSN students. When the newly renovated Nursing Learning Lab opened with increased staff, teaching assistants, hours, and services, the undergraduate chairperson of clinical education was given responsibility for its oversight, in addition to supervision of clinical adjunct faculty, development of clinical sites, and participation in clinical negotiations.

**ADDRESS RESISTANCE**  
The dean and several task force members presented the initial proposal to the vice president of academic affairs (VPAA) in November 2005. The dean then met with the college president and VPAA to discuss the financial
Implications. This initial proposal was not accepted — corresponding to Lewin’s concept of restraining forces — because of budgetary constraints. According to Adams (2007), the reasons that proposed administrative positions are often not supported are restricted budgets, challenging workloads, and discord between faculty and administration.

The dean began negotiating with college administrators, collecting data on enrollments from 1995 through 2005. The goal was to refute the VPAA’s data, which reflected neither the fall 2005 enrollment, when there had been an increase of 200 nursing students, nor the school’s many new initiatives, including the MSN program. The dean also submitted a proposal that college administrators cap at 36 the number of prelicensure BSN students admitted to the nursing major each semester (there had previously been no limit and admission had not been competitive). The financial structure of the institution did not give the nursing school access to tuition revenues for future growth; therefore, the MSN program would likely be delayed if additional administrative resources were not approved.

The negotiated plan, which included new positions but not the number originally proposed, was presented to faculty during a special meeting of the General Nursing Assembly. It was approved and accepted in December 2005.

The final plan resulted in a gain of 1.5 FTE positions, with the creation of two new associate chairperson positions for undergraduate clinical education and undergraduate curriculum (Figure 3). Chairperson positions were originally proposed, but the VPAA asked that they be changed to associate chairs. The net gain was only .5 FTE because several former positions in the undergraduate program were restructured. The full-time MSN director position, supported by a previous grant, also was approved. Administrative relief was provided for the spring semester of 2006, to allow time for implementation of the new structure.

**Refreezing Stage** INTEGRATE CHANGE  Lewin’s final stage involves implementation and integration of the change. Evaluation has been ongoing and resulted in several recommendations for nursing education administrators.

First, ask for more than the minimum resources needed to ensure that the essentials will be approved. This was certainly the case with the school of nursing’s administrative restructuring, where only the minimum was requested.

Second, plan for continued growth during negotiations. The new administrative structure was not fully implemented until spring 2007, one year after approval, primarily due to difficulties in filling the new administrative positions. (According to a study by Adams [2007], most nursing faculty do not want to move into administrative positions in nursing education, and many current administrators would not pur-
sue another administrative position.) Even if all proposed positions for the nursing school had been approved, enrollments and programs would have continued to grow (despite the cap on prelicensure BSN students), as would the need for additional resources. During the year between approval and implementation, overall enrollments increased from 518 to 688 students and enrollments in nursing theory courses increased from 17 to 38 students. The number of clinical adjunct faculty members rose from four in 2005 to 23 in 2007.

Third, have a back-up plan; an administrative crisis can occur when it’s least expected. Both associate chairs were on medical leave during the fall semester of 2007. During that time, the dean had the additional workload responsibilities of the two associate chairpersons along with her own administrative duties. Nursing administrators should consider the demographics of nurse faculty, mostly middle-aged women likely to have children and elderly parents (NLN, 2006b). Additional drains on department resources include faculty returning to school for advanced degrees.

**Limitations** This reorganization took place at a private, liberal arts and professional studies college that relies on tuition as its primary source of funding; the strategies presented may not apply to larger, public institutions. The use of interviews for data collection meant that data were limited to what participants could recall from several years prior. Also, not all previous nursing administrators could be interviewed; the questionnaire was not pilot tested before use and may therefore lack reliability.

**Summary** Strategies have been presented that led to an organizational restructuring of a school of nursing. Although the net gain in administrative resources was incremental and less than requested, the faculty and administration deem the reorganization successful because it has led to a more efficient use of resources.

**About the Authors** Cheryl Schriner, PhD, RN, BC, is associate professor, University of Toledo College of Nursing, Toledo, Ohio. She was dean of the School of Nursing, Lourdes College, Sylvania, Ohio, when this article was written. The co-authors are faculty at Lourdes College. Susan Deckelman, MSN, RN, CNS, is assistant professor; Mary Anne Kubat, MSN, RN, is assistant professor and associate chair of undergraduate clinical education; Jennifer Lenkay, MSN, RN, is assistant professor; Liz Nims, PhD, RN, is assistant professor; Debbie Sullivan, MSN, RN, is associate coordinator of the nursing learning laboratory. For more information, contact Dr. Schriner at Cheryl.Schriner@Utoledo.edu.

**Key Words** Organizational Structure – Lewin’s Change Theory – Nursing Education – Leadership – Nursing Administration – Administrative Change – School of Nursing Change

**References**


