

Against the Current: Lived Experiences of Nursing Educators with Concept-Based Curriculum in Canada

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ABSTRACT

Reforming nursing education from a content-heavy, traditional teaching style to a concept-based one has become necessary to meet the constant change in the health care system. However, in general, no studies have been conducted on the lived experiences of faculty members and educators in Canada after years of implementing the concept-based curriculum (CBC). This qualitative phenomenological study aimed to uncover the meaning of the lived experiences of the faculty members and educators after seven years of reforming the nursing curriculum to a concept-based one. Giorgi's phenomenological descriptive method was used to collect data using semi-structured interviews with three doctoral-prepared faculty members and two master-prepared educators who teach in the undergraduate nursing program at Cape Breton University, Canada. The recorded data was transcribed verbatim and analyzed and synthesized using Giorgi's five data analysis steps. The findings of this study revealed that the nursing educators indicated they had challenging experiences teaching CBC. The major General Structural Descriptions (GSD) that emerged were Rowing Against the Current and Save Us Before We All Drown. The findings were discussed and conceptualized within the relevant literature. This study highlights the challenges nursing educators face when implementing a CBC, including resistance from students and colleagues, increased workload, and concerns about graduate quality. Therefore, a gradual introduction of CBC is recommended, which will help ease the transition for students and educators. Building supportive substructures is also crucial to handle the increased demands and pressures.

KEYWORDS: Concept-based curriculum, nursing, education, learning, phenomenology

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Reforming nursing education from a content-heavy, traditional teaching style to a concept-based one has become necessary to meet the constant change in the healthcare system (Allen, 2013). While there is no unified definition of concept-based learning, Fletcher et al. (2019) defined it as “a process in which learners organize concept-relevant knowledge, skills, and attitudes to form logical cognitive connections resulting in assimilation, storage, retrieval, and transfer of concepts to applicable situations, familiar and unfamiliar” (p. 9). The concept-based curriculum (CBC) is a three-dimensional instructional framework integrating factual knowledge and skills with overarching disciplinary concepts, generalizations, and principles (Erickson, 2012). This approach offers a structured foundation for delivering nursing content, organized around clearly defined concepts and their practical applications. By shifting the emphasis away from rote content acquisition, the CBC promotes critical thinking and reduces artificial distinctions within the curriculum (Giddens et al., 2008). Getha-Eby et al. (2015) discussed that the traditional pedagogies where students learn a content-heavy curriculum passively in classic lecture-style presentations contribute to providing less effective and safe nursing practice by newly graduated nurses. They recommended adopting the concept-based learning style as a learner-centered pedagogy. Concept-based learning helps new graduate nursing students smoothly transfer their theoretical-based knowledge to clinical practice, enhances meaningful learning, facilitates students to connect with the latest and previous knowledge, encourages students to apply their generic conceptual understanding in different situations, and enhances students’ clinical skills judgment (Nielsen, 2016). Nursing educators also recommend converting nursing education from traditional to concept-based learning because the latter style prepares nursing students to become nursing professionals better than the traditional nursing teaching style (Allen, 2013; Goodman, 2014).

Baron (2017) concluded that reforming traditional nursing learning to concept-based learning requires a significant shift in thinking and application. Educators who received support for change could construct the meaning of change by preparing for the change, teaching in a CBC, and understanding the teaching-learning process. Zhu et al. (2022) conducted qualitative research in China to study the nursing faculty’s experiences developing and implementing a CBC. They found that participants experienced curiosity and expectation, then confusion in facing the challenges of implementing the reform. Most of these challenges came from students’ resistance, the inability of peers to readjust to the new change in the curriculum and their inner conflict during the reform process. Another study was conducted by Balcom et al. (2021), who studied the nursing educators’ transition experiences from the traditional to the CBC. This transition was described as challenging, significantly changed educators’ identity and workload, influenced their sense of self and self-identities, and pulled forward their experiences from previous work. Participants also showed resilience, optimism, and commitment to making the change successful (Balcom et al., 2021).

Implementation barriers may arise because there was no foundational support and planning and a well-thought-out monitoring and evaluation plan during the conceptualization stage of curricular change (Deane, 2017; Duncan & Schulz, 2015; Sportsman & Pleasant, 2017). CBC implementation involves significant change, and with change comes resistance (Bank et al., 2019), particularly for those deeply connected to the current curriculum and teaching pedagogy (Giddens et al., 2019), necessitating an understanding of barriers and facilitators of CBC implementation. The resistance to new pedagogical approaches is driven by the fear that these methods may negatively impact students’ performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN). This examination serves as a critical benchmark for evaluating nursing graduates’ readiness for professional practice. This fear arises from the concern that shifting from traditional content-heavy teaching methods to a CBC could leave students inadequately prepared for the exam’s content and format, potentially leading to lower pass rates.

An initial response to the transition from traditional to CBC is that “what we are doing is not broken,” so why fix it (Deane, 2017; Giddens et al., 2019; Hendricks & Wangerin, 2017).

Researchers identified agreement on including and excluding nursing concepts in CBC as a significant barrier (Giddens et al., 2012; Patterson et al., 2016). There were debates in the literature about what nursing concepts should be included or excluded from a nursing CBC. This controversy stems from differing perspectives on which concepts should be prioritized for inclusion, the criteria for exclusion, and the potential implications for student learning and competency. These debates highlight the challenge of balancing depth and breadth in curriculum design to ensure academic rigor and practical relevance. Faculty members hold a strong sense of ownership of courses and specialties, particularly courses they have developed; thereby, letting go of content or concepts may prove challenging. This may be linked to the Ikea Effect, a phenomenon Buller (2015) describes as an internal bias that arises from a sense of pride and ownership when the owner participates in building an object. Pushbacks associated with the inclusion and exclusion of concepts and exemplars may also arise from a loss of self, as Schein (2010) espouses, as the teachings of an educator may be tightly aligned with one's sense of self. Knowledge experts develop confidence in their domain, and when asked to step outside that zone, many experience fears of temporary incompetence. Deane (2017) identified a lack of knowledge and fear of the unknown as barriers to implementing CBC. Schein (2010) identifies fear of punishment for incompetence contributing to learning anxiety and change resistance within higher education. Unmanageable faculty workloads and the numerous pressures involved in CBC development, implementation, and evaluation may result in fears of not making tenure (Giddens et al., 2019). Conceptual teaching requires student engagement with active learning strategies, which does not always bode well for teaching evaluations (Hendricks & Wangerin, 2017).

Students and faculty both expressed concerns associated with transitioning from the traditional curriculum to CBC (Brady et al., 2008; Duncan & Schulz, 2015), wherein staff simultaneously taught courses using disparate teaching approaches; meanwhile, students learning in a hybrid environment expressed concerns related to repetition and overlap (Giddens & Morton, 2010; Gooder & Cantwell, 2017; Kumm & Laverentz, 2017). Sportsman and Pleasant (2017) suggest easing this burden with a gradual transition of classes and courses.

In collaboration with change leaders, positional leaders, such as Nursing Deans and Directors, are integral to lowering barriers and facilitating successful change. Influential positional leaders are significant stakeholders as they can provide human, financial, and structural resources to support the change (Kezar, 2018). With sufficient time and planning, change leaders or CBC change agents can be proactive in their approach to change, thereby lightening the burden of change. An intentional and comprehensive communication plan that considers obtaining departmental buy-in, collaborating toward a shared vision, and inciting a sense of urgency and excitement will alleviate foundational barriers to transitioning to CBC (Armenakis & Harris, 2009; Giddens et al., 2019; Kotter, 1995; Sportsman & Wangerin, 2017). Developing a monitoring and evaluation plan that includes all stakeholders' voices will allow for iterative and transformative change (Hendricks & Wangerin, 2017; Patton, 2018; Sportsman & Pleasant, 2017).

In 2016, the School of Nursing (SON) at Cape Breton University (CBU) decided to transition to a CBC and streamline the nursing program from four years to three years. However, after seven years of applying the concept-based nursing curriculum at the School of Nursing at Cape Breton University, little is known about the lived experiences of the faculty members and educators with the CBC. Most of the concept-based nursing studies in literature focused on the experiences of educators at the beginning of reforming the curriculum from the traditional to the concept-based one, or students' performance, clinical judgment, critical thinking, and progression of students or nurses who studied by CBC (Getha-Eby, 2015; Repsha et al., 2020). In general, no

studies have been conducted on the lived experiences of faculty members and educators after years of implementing the CBC.

This qualitative phenomenological study aimed to uncover the meaning of the lived experiences of the faculty members and educators in Canada after seven years of reforming the nursing curriculum to a concept-based one. To the best of our knowledge, this is the first study conducted in Canada on lived experiences with a CBC from the perspectives of faculty members and educators.

Methodology

Study Design

Phenomenology, as a qualitative research method and philosophy rooted in a philosophical tradition developed by Husserl and Heidegger, aims to discover the meaning of lived experience by asking the following question to relive the essence of one's experience: "What is the essence of this phenomenon as experienced by these people at this point in time, and what does it mean?" (Loiselle et al., 2011, p. 178). Giorgi's descriptive phenomenology was developed to describe "the way in which the phenomenon is experienced within the context in which the experience takes place" (Giorgi & Giorgi, 2003, p. 27). Therefore, Giorgi's (1970, 1985, 2009) phenomenological method was used as a methodology for this study to describe the lived experience of nursing faculty and educators with the nursing CBC at the SON-CBU. This research method was chosen because little was known about this phenomenon, and it was used to assist in describing and enhancing the understanding of the meaning of implementing the CBC as defined by participants who have lived the experience (Giorgi, 1997).

Participants

Giorgi's studies have utilized anywhere from 2 to 23 participants (Russell, 2006), with an average of 8 participants found in the literature. However, recruiting eight participants was challenging; five eligible participants were recruited from Cape Breton University- School of Nursing. Three doctoral-prepared participants were faculty members and two Master's prepared educators. The participants in this study were: (1) Doctoral or Master prepared faculty members and educators who teach theoretical and/or clinical courses, (2) working as a faculty member or educator for at least one year. All participants could read and write in English, their average age was 53 years, and all described themselves as female; they had been working at the SON between 3 and 15 years. All participants were given complete information about the study and signed a consent form before recording their interviews. Ethical approval for conducting this study has been obtained from the Research Ethics Board at Cape Breton University.

Data Collection

Using semi-structured interviews and an interview questions guide, the first authors interviewed three participants in person in a private room in the School of Nursing, and two participants were interviewed virtually via Microsoft Teams from September 2022–June 2023. After signing the consent form and filling out the demographic sheets by every participant, the interviews started by asking the following open-ended question: "Please describe a situation or experience that best depicts what it is like for you to be a nursing faculty member/educator who

teaches in a concept-based program?" In addition, participants were asked the following other open-ended questions:

- 1- Would you please let me know what the best thing is in teaching a CBC?
- 2- What hinders or facilitates you in teaching a CBC
- 3- What are the biggest challenges faced by students in learning in a concept-based program, and what do you do to minimize these challenges
- 4- If you have the power to change or revise the CBC, what things do you wish to change or modify, and why?
- 5- How does teaching a concept-based maximize or minimize your teaching skills and abilities?
- 6- How do you think teaching a CBC helps you in providing the following skills to your students: knowledge, comprehension, application, analysis, synthesis, evaluation, psychomotor, and affective (emotional)?
- 7- Is there anything you would like to tell me about your experience in teaching in a concept-based nursing program?

The recorded interview time was 45 to 60 minutes and transcribed verbatim professionally. Checking transcriptions by participants is not a recommended step in Giorgi's method; therefore, participants were not asked to check transcriptions.

Data Analysis-Synthesis

Data was analyzed and synthesized using Giorgi's five major steps (Giorgi, 1975, 2009; Giorgi & Giorgi, 2003). First step: Contemplative dwelling with the descriptions. During this step, transcripts for each participant were read repeatedly by the first author until he gained an overall sense of the description. Second step: Identifying meaning units (MUs). The first author determined the meaning units of CBC from each participant's description using the participants' own words. MUs are defined as the passage of text expressing the meaning in the participant's own words. Third step: Identifying focal meanings (FMs). In this step, the first author used nursing education disciplinary language to abstract the (MUs) to a higher level of discourse. Fourth step: Synthesizing situated structural descriptions (SSD). This step aims to grasp the meaning from the participant's perspective. The first author sorted and reorganized the meaning units for each participant based on their topics. For example, meaning units related to the challenges of implementing CBC were gathered together and summarized. Fifth step: Synthesizing a general structural description (GSD). In this last step, the first author synthesized the general structural meaning of the lived experience of the participants from the participants' SSDs into a more general statement than specific. The essential themes of lived experiences with CBC were extracted from the SSDs of all participants. To ensure the trustworthiness of the data analysis, the first author consulted the process and the results with other researchers, and he used a reflexive journal to jot down his own beliefs, understanding, or knowledge about the phenomenon under investigation before and throughout the data collection and analysis to minimize his influence as a researcher and educator.

Findings

The findings of this study revealed that the nursing educators indicated they had challenging experiences teaching the CBC. The major two General Structural Descriptions (GSD) that emerged were Rowing Against the Current and Save Us Before We All Drown. The findings will be discussed and conceptualized within the relevant literature.

Rowing Against the Current

Participants indicated they had many challenges teaching in nursing programs using a CBC. These challenges posed barriers to the advancement of participants, provoking a sense of rowing against the current. The participants conveyed that the university administration implemented politically motivated initiatives to expedite the transformation of the nursing program into a concept-based learning one and make it shorter, a move characterized by limited consultation with educators and met with significant opposition during its implementation. The following direct quotations from participants confirm this:

There was significant resistance, but it was imposed upon us, right? It was evident and explicitly stated that this was political pressure. However, more than that, some universities, I believe, refused, right? At that time, the individuals in top nursing program positions were pleasers. They wanted to appear in the good graces of politicians they were following—the kind of people who preferred to adhere to what was being said and refused to go against authority. Because of them [The individuals in top nursing program positions], we are rowing against the current (Participant 3)

Unfortunately, our [educators] input was ignored, dismissed, or made fun of in a very, you know, petty way. One cannot say I'm being excluded, so it's not like I didn't push these ideas forward. I pushed them forward very strongly, but they were ignored. I have to say I worked hard. I really gave input, and I put in a thorough course outline on how they should be, but they were ignored. (Participant 2)

Participants categorized the challenges encountered within a CBC teaching model into four main domains: challenges about student learning, challenges concerning student evaluation and feedback, challenges related to instructional constraints and pace, and challenges associated with implementing the CBC. Participants stated that:

So, the workload of a condensed concept-based curriculum is the most challenging issue faced by students; this is what I hear from the students. I could see that they [students] were getting stressed; it seems to be a common theme through all the terms that they [students] want to get enough done or know enough to get the assignments done, get the exams done, and progress on to the next term to finish. I don't think they get the support they need, and this is a challenging situation. (Participant 4: challenges about student learning)

I believe that students' evaluations of the course or instructor should be taken with a pinch of salt. In this program [concept-based learning program], sometimes, even if you are a very good teacher and stick to the ground, sticking to your standards, they [students] may not like you. Students were always an influence, and that's why they commented on the character and charisma of the teacher, right? To teach a course in a concept-based curriculum, you have to be an entertainer... So, you are either very versatile, incorporating a variety of methods in your class to satisfy each learning style and achieve high evaluation scores, or you risk being disliked by some students and receiving low evaluation scores. (Participant 3: challenges concerning student evaluation and feedback)

When we employ a distinct teaching strategy for concept-based learning...innovative teaching strategies are necessary to ensure that today's students are learning. Now, add that to our teaching load and how it's condensed into the period; you don't have time for that. So, yeah, it can be stressful, rushed, and tense because the students sometimes get frustrated as we have to teach very quickly. And you can feel the tension from them. (Participant 2: challenges related to instructional constraints and pace)

The road to implementing CBC is long and challenging, and my experiences with this change were not rosy and smooth... implementing CBC needs tremendous efforts, resources, planning, support, training, understanding, open communication with superiors, and excellent mentorship by experts of CBC. We were almost left alone with limited resources and a lack of communication and orientation to implement this change (Participant 1: challenges associated with implementing the concept-based curriculum)

The implementation of a CBC elicited diverse apprehensions among the participants. Among these apprehensions, concerns surfaced regarding students' readiness, the caliber of graduates, curriculum structuring, and the seamless integration of clinical components. Participants mentioned that :

I also feel that in the concept-based curriculum, the students are being prepared for the NCLEX exam, not to be professionals. All their exams and this to know have been exam-oriented, and there's no room for creativity or academic freedom. I think that the curriculum is too heavily loaded and focused on preparing students to pass the NCLEX exam at the cost that when they [students] qualify, they are not even capable of writing an academic essay. They have a degree, and they [graduates] don't know how to write essays because most exams were multiple choices to fit the NCLEX exam format. (Participant 5)

It's great to say, yes, we graduated 90 students this year or this semester, and my response is, yes, that's great. However, what is the quality of those nurses? Because I know that quality isn't where it should be in this curriculum [CBC], and they [graduates] are going out to look after the public. (Participant 4)

While it's commendable that the curriculum is concept-based, it seems to present a significant amount of content for students to grasp. The challenge arises when they lack the opportunities to apply this knowledge during their clinical rotations, which typically last only six weeks. The current curriculum design doesn't seem to equip them adequately for the challenges they will face upon graduation. (Participant 2)

Participants indicated that implementing CBC has influenced them professionally and personally. They feel like they lost their professional identity; teaching CBC diminished their academic freedom, impacted their well-being, and influenced their communication and collaboration. The following direct quotations indicate how teaching the CBC impacted them professionally and personally. For example, Participant 2 said, "Most faculty members are experiencing significant distress, particularly moral distress; they [educators] may feel stressed out because they live internal conflicts and external struggles."

I maintained a journal wherein I identified myself as an educator specializing in cardiovascular nursing with a holistic approach. However, due to the concept-based curriculum, I find it challenging to continue identifying myself in such a defined manner. Instead, I now perceive myself as a generalist, a 'Jack of all trades master of none.' I no longer consider myself an expert in any specific field. This shift has left me uncertain about my professional identity; I haven't experienced significant growth or specialization in a particular area where I can excel. (Participant 3)

So, when program requirements are pro-agreed upon, program approach or pedagogical approach, I don't think it's within academic freedom to say I'm not going to teach conceptually; this program is conceptual. So, we do not have academic freedom to an extent. (Participant 1)

Certainly, there has been a persistent issue of miscommunication for a while. The Curriculum Committee hasn't provided opportunities for discussion. I can't recall the last time we [educators] convened to talk about the curriculum. The lack of communication led to receiving misleading emails from students. Improved communication could have made the situation much smoother. (Participant 5)

Save Us Before We All Drown

This represents the second General Structural Description (GSD), highlighting participants' proposed strategies for preserving the nursing program and mitigating potential challenges associated with implementing the CBC. Participants advocated for modifications and enhancements within the nursing program after adopting the CBC. These adjustments encompassed allocating more time and reducing the density of the schedule, advocating for increased involvement from faculty members, and providing additional training and orientation for faculty members and educators on the effective implementation of the CBC. The following are direct quotations indicating the participants' suggestions for modification.

The curriculum's timing and content require modification. Learning a skill should occur gradually over time rather than in a condensed program. A four-year or three-year program, without condensation, allows for more effective absorption of information, fostering confidence and skill development. The current curriculum appears poorly planned; insufficient time is allocated for assignments and class preparation during terms 3 and 4 due to the multitude of courses and assignments. A thorough reassessment of core concepts is essential to address this, ensuring a focus on nursing issues rather than persisting with outdated topics. The nursing concepts in our nursing program should be central, easily accessible in nursing books grounded in nursing concepts, and not merely supplementary. (Participant 3)

If I had the authority to modify the CBC, my initial step would involve conducting brief focus groups with both faculty and students to understand their concerns. This strategy would provide valuable insights and input before examining the activities and progress of the curriculum working group, which currently remains unclear to me. (Participant 2)

We [educators] never got an orientation, and I asked for one formally after a few months of just some things that have happened, but I still have never received it. So, if you're coming from the clinical setting, community, or palliative and have never dealt with the academic world, I would say yes, it's very different, and although I have, I had 25 years of experience at that time, the response was, yeah, but you've got all this experience. So yes, I do think they [the School of Nursing] need to work on the orientation for educators and faculty members. (Participant 4)

Discussion

The results of this study on the identified GSDs of nursing educators' lived experiences while teaching a CBC also present issues and recommendations that align with and add to the current literature. This section will discuss the findings in the context of earlier studies and draw implications, limitations, recommendations, and conclusions.

Comparing and Contrasting with Existing Literature

The present study revealed that participants encountered several challenges in implementing the CBC. These included difficulties related to student learning, challenges with student evaluation and feedback, instructional constraints and pacing issues, and broader obstacles associated with the overall implementation of CBC. The subsequent two paragraphs will explore these challenges in light of relevant literature.

Adaptive processes in nursing education to implement CBC are not trivial and entail numerous challenges, as discussed in the existing literature. According to Zhang et al. (2021), the Chinese nursing faculty members received concerns such as student resistance, readjustment difficulties, and readaptation to sudden changes. These challenges mirror a general, pervasive issue seen across universities worried about applying new curricula, where significant barriers must be surmounted for the new curriculum to be effective (Balcom et al., 2021). This resistance is further exacerbated by perceived insufficient consultation and lack of academic freedom, which aligns with the study by Velthuis et al. (2021).

According to the studies, the nursing educators described how the implementation of CBC has changed their professional personas and made their tasks more burdensome. This shift and the resultant workload can be attributed to poor implementation of the change by not involving educators enough in the curriculum change process, which Honkimäki et al. (2021) say will cause resistance whenever curriculum change is driven from the organizational top without massive involvement from the stakeholders at the bottom. Such resistances surface and distort the expected implementation of the changes.

This study identified that implementing a CBC elicited a range of apprehensions among participants, including concerns about students' readiness, graduates' quality, curriculum structure, and the effective integration of clinical components. Similarly, Ewers (2022), through an autobiographical narrative inquiry, reflected on her own experience, exploring the implications and meaning of adopting the NCLEX-RN within her educational practice, further highlighting the challenges educators face in curriculum adaptation. Ewers examined her decision-making processes regarding the transition from the Canadian entry exam to NCLEX, and she disclosed her anxieties about her passing rate and performance under the new exam. Ewer was concerned with implementing innovative nursing curricula to enhance student success, especially in NCLEX-RN performance, and preserving their professional selves in unity with institutional norms. These are not minor concerns; Balcom et al. (2021) and Ewers (2022) point to the significant psychological

and professional shifts called for by educators. The challenges presented in the study in dividing students into ability groups and evaluating the learning outcomes, conveying instructions, and time management within the CBC framework are in accordance with the barriers highlighted by Balcom et al. (2021) and Kuria (2022). These barriers can, therefore, bring about stress and strain among educators and students.

Further, Çiriş Yildiz and Ergün (2020) advocate that the transition or conversion in nursing programs, such as conversion to CBC, could be made gradually to forestall some of these stresses. Their study established that workload and stress related to students could be reduced if the implementation was done in phases, and the different phases had to accommodate both the students and the faculty. Such a view is consistent with the current study, as it postulates that a slower transition could have further implications for lessening the impact of the transition on all concerned parties in the short run (Balcom et al., 2021).

Another concern highlighted in the current study was the participants' concern over the graduates' quality and the learners' readiness for practice. This concern corresponds with the studies of Morley and Jamil (2020) and Khalil et al. (2023), where the authors urged a practical approach to curriculum integration. This integration is said to improve the quality of students' clinical practice since the curriculum is believed to be theoretical and clinically relevant. The practical component's effectiveness is seen in curricula developed to train competitive nurses who can deliver safe, effective, and efficient patient care (Balcom et al., 2021).

Furthermore, the literature supports participants' concerns with generalist practices more than procedure-associated models, as Langford and Keaton (2022) discussed. They posited that a curriculum that could be so broad may not expose students to the specializations required in various areas of practice in nursing. Though helpful in developing a wide-ranging view of the nursing profession, this generalist outlook might need more focus in preparing learners for the precise requirements of a particular clinical setting.

Implications

Meeting nursing educators' planning and intervention requirements is paramount to implementing a CBC. Challenges such as resistance and stress among practitioners and students suggest the importance of bottom-up approaches to curriculum development to promote ownership and decrease resistance to top-down instructions. Problems with current tools urge the development of new feasible techniques to assess students' competencies, using clinical simulations, concept maps, and reflective practice activities.

Appropriate resource equipment helps reduce stress for educators and students. Some suggested measures include offering mental health support and training or debarring institutions to help educators handle the pressures of implementing CBC. The focused group meetings can enhance the interactions among the educators and the administrators and the feedback sessions, which will help constantly improve the curriculum and the relations between the faculty and the community. When these challenges are addressed, nursing education will still be able to produce competent students who can practice as professional nurses with improved clinical judgment and critical thinking abilities.

Limitations

This study faced limitations due to the challenge of finding enough participants. The research addressed a sensitive and multifaceted topic related to the nursing curriculum, and many faculty members and educators at the School of Nursing were new to their roles and were not

tenured. This may have influenced their decision to participate and express their opinions freely. Additionally, the study was conducted by their colleague (the first author), which might have further deterred participation and hindered open disclosure of information. Due to budgetary constraints, recruiting a non-student research assistant was not feasible.

Furthermore, recruiting a student research assistant to conduct interviews with educators was deemed impractical, as it could inhibit the educators' ability to openly discuss the challenges they face in implementing a CBC. Another limitation was the absence of male participants in this study. Despite these constraints, the study provides a deep understanding of the lived experiences of nursing faculty members and educators teaching a CBC. These findings offer valuable insights that can be transferable to similar contexts. The third limitation was that expanding the sample beyond the current institution could introduce challenges in maintaining consistency in data collection and analysis, potentially leading to results that may not be applicable to the current institution. Collecting data from different contexts could influence the results, thereby affecting the comparability and validity of the findings.

Recommendations

Engaging the service providers as critical players in the development of the curriculum cannot be overemphasized to have a successful implementation of a CBC. Another crucial point by Participant 2 is that the regular focus groups and feedback meetings include educators in decision-making processes, which minimizes their resistance and contributes to better curriculum development. Hearing from educators can help a lot when designing the curriculum because the activities that should be included are achieved after taking time to analyze the needs of those teaching and learning from the course.

Another essential concept in practicing CBC is the gradual implementation of the curriculum. Such an approach helps students and educators gradually accept the shift in the new teaching and learning modalities and thus reduces stress in the process. A phased approach to implementation is needed to avoid overloading participants and make the transition toward the new curriculum smoother.

Nursing educators require better orientation programs and training before they join the CBC learning style. Participant 4 stressed the importance of exercise, which involves working on various practical sessions focused on actual approaches to teaching and assessment. These programs ought to ensure that educators are well prepared to handle the challenges associated with CBC frameworks and that they acquire the proper knowledge and expertise that will enable them to foster a relevant and quality learning environment.

It is also essential to build the infrastructure to cope with the additional demands and pressures now through CBC. This includes making available, offering opportunities for, or training in resources such as mental health support and time management, as well as debriefing sessions for concerns and support. Measures like these can ease the burden on educators and thus improve their health and competency as education providers.

The following practical recommendation is to implement strict quality assurance standards to measure and assess CBC's success. Adapting the curriculum to present and future needs thus requires feedback from the students and educators and a regular review of the curriculum depending on the empirical evidence and the stakeholders' feedback. It is recommended that more quantitative and qualitative research studies related to CBC, including participants from different institutions, be conducted. The above-stated strategies assist institutions in enhancing the educational environment and strengthen the practical adoption of the concept curriculum, thus helping educators and students.

Conclusion

The study of nursing educators' lived experience of implementing a CBC strategy indicates that they encounter some level of resistance from students and colleagues, are stressed because their workload increases, and question the quality of their graduates. These findings correlate with the literature, highlighting the need for more feasible resources, team support, and especially nursing educators' engagement in curriculum design. Participants also stated that political pressure to advance the implementation of CBC was not implemented satisfactorily due to staff resistance and insufficient consultation, which led to feeling excluded and dissatisfied with their profession.

CBC should be gradually introduced since it will ease the pressure on students and educators to embrace new methods. It is imperative to fight for a gradual process that can help lessen the pressure from such radical curriculum changes. The educators' training and orientation programs should also be improved. Several participants noted the importance of receiving hands-on training regarding integrating new teaching methods and assessments about CBC, which would increase awareness and confidence.

Substructures need to be built to accommodate a large workload and pressure. Some measures include offering counseling services, managing tasks promptly, and debriefing on the experiences encountered. They would create favorable conditions that would enable teaching and learning processes to take place. Since quality assurance is a core business that is crucial to the success of CBC, adequate mechanisms must be implemented to enforce it. Frequent feedback from the students and the instructors, their evaluations of the curriculum and changes due to evidence, and stakeholders' feedback on incorporating new ideas are ways to ensure the curriculum is adequate and current.

By understanding these issues and implementing the above suggestions, nursing education can help learners better prepare for practice. This approach also benefits the nurses by sharpening their clinical decision-making and problem-solving abilities, improving the patient's care. Implementing standard CBC can revolutionize nursing education by training nurses more effectively to meet the current and future demands of the healthcare industry.

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